

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Cigna Corporation Political Action Committee

ADDRESS (number and street) ▼

601 Pennsylvania Avenue NW

South Building Suite 835

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00085316

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
06 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kristin Julason Damato

Signature of Treasurer

Kristin Julason Damato

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 08 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Cigna Corporation Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
06 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">242946.08</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">237334.45</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">69715.87</span>	<span style="border: 1px solid black; padding: 2px;">298379.24</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">307050.32</span>	<span style="border: 1px solid black; padding: 2px;">541325.32</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">72750.00</span>	<span style="border: 1px solid black; padding: 2px;">307025.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">234300.32</span>	<span style="border: 1px solid black; padding: 2px;">234300.32</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Cigna Corporation Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	50952.41	165640.58
(ii) Unitemized .....	18763.46	132738.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	69715.87	298379.24
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	69715.87	298379.24
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	69715.87	298379.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	69715.87	298379.24

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	1175.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	1175.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37500.00	204500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	35250.00	101350.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	72750.00	307025.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72750.00	307025.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	69715.87	298379.24
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	69715.87	298379.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	1175.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	1175.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 309

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Anthony Abate**

Mailing Address 900 Cottage Grove Rd

City	State	Zip Code
Bloomfield	CT	06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Supply Chain Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2015.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-16901-20-24**

Amount of Each Receipt this Period

155.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Anthony Abate**

Mailing Address 900 Cottage Grove Rd

City	State	Zip Code
Bloomfield	CT	06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Supply Chain Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2015.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-16849-20-26**

Amount of Each Receipt this Period

155.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Anthony Abate**

Mailing Address 900 Cottage Grove Rd

City	State	Zip Code
Bloomfield	CT	06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Supply Chain Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2015.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-16833-20-24**

Amount of Each Receipt this Period

155.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

465.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Marc M Alcedo**

Mailing Address 1729 Canonero Dr

City

Austin

State

TX

Zip Code

78746-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	6

**Transaction ID : 20160530-20431-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Marc M Alcedo**

Mailing Address 1729 Canonero Dr

City

Austin

State

TX

Zip Code

78746-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	6

**Transaction ID : 20160613-20355-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Marc M Alcedo**

Mailing Address 1729 Canonero Dr

City

Austin

State

TX

Zip Code

78746-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

**Transaction ID : 20160627-20330-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael B Alexander**

Mailing Address 128 E 15th St

City

State

Zip Code

Ship Bottom

NJ

08008-4467

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Cigna Corp.

Medical Senior Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.09

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

**Transaction ID : 20160530-10389-20-24**

Amount of Each Receipt this Period

26.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael B Alexander**

Mailing Address 128 E 15th St

City

State

Zip Code

Ship Bottom

NJ

08008-4467

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Cigna Corp.

Medical Senior Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.09

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2016

**Transaction ID : 20160613-10355-20-26**

Amount of Each Receipt this Period

26.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael B Alexander**

Mailing Address 128 E 15th St

City

State

Zip Code

Ship Bottom

NJ

08008-4467

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Cigna Corp.

Medical Senior Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.09

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

**Transaction ID : 20160627-10348-20-24**

Amount of Each Receipt this Period

26.93

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.79



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory J Allen

Mailing Address 1000 Corporate Centre Dr

City State Zip Code  
 Franklin TN 37067-2611

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 20160530-29148-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gregory J Allen

Mailing Address 1000 Corporate Centre Dr

City State Zip Code  
 Franklin TN 37067-2611

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : 20160613-29017-20-26

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gregory J Allen

Mailing Address 1000 Corporate Centre Dr

City State Zip Code  
 Franklin TN 37067-2611

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : 20160627-28948-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Olumide I Anifowoshe**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-29775-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Olumide I Anifowoshe**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-29640-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Olumide I Anifowoshe**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-29572-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 309

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William R Antonello**

Mailing Address 1571 Sawgrass Corporate Pkwy

City	State	Zip Code
Sunrise	FL	33323-2862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Segment Marketing Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-3316-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William R Antonello**

Mailing Address 1571 Sawgrass Corporate Pkwy

City	State	Zip Code
Sunrise	FL	33323-2862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Segment Marketing Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-3307-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. William R Antonello**

Mailing Address 1571 Sawgrass Corporate Pkwy

City	State	Zip Code
Sunrise	FL	33323-2862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Segment Marketing Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-3308-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Raegan M Armata**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Marketing Product Sr Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-198-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Raegan M Armata**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Marketing Product Sr Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-198-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Raegan M Armata**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Marketing Product Sr Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-198-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ann H Asbaty**

Mailing Address 44 Whippany Rd

City

Morristown

State

NJ

Zip Code

07960-4558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-292-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ann H Asbaty**

Mailing Address 44 Whippany Rd

City

Morristown

State

NJ

Zip Code

07960-4558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-292-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ann H Asbaty**

Mailing Address 44 Whippany Rd

City

Morristown

State

NJ

Zip Code

07960-4558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-292-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jacquelyn A Aube**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

VP Customer Adoption Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-1571-20-24**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jacquelyn A Aube**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

VP Customer Adoption Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-1567-20-26**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jacquelyn A Aube**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

VP Customer Adoption Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-1568-20-24**

Amount of Each Receipt this Period

60.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

180.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lisa R Bacus**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

EVP Chief Marketing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-22400-20-24**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lisa R Bacus**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

EVP Chief Marketing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-22311-20-26**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lisa R Bacus**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

EVP Chief Marketing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-22282-20-24**

Amount of Each Receipt this Period

192.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Mark Bailey**

Mailing Address 1640 Dallas Pkwy

City State Zip Code  
 Plano TX 75093-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Director-Direct Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : 20160530-10276-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Mark Bailey**

Mailing Address 1640 Dallas Pkwy

City State Zip Code  
 Plano TX 75093-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Director-Direct Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

**Transaction ID : 20160613-10242-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Mark Bailey**

Mailing Address 1640 Dallas Pkwy

City State Zip Code  
 Plano TX 75093-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Director-Direct Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : 20160627-10236-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rick L Bailey**

Mailing Address 8505 E Orchard Rd

City

Greenwood Village

State

CO

Zip Code

80111-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-13622-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Rick L Bailey**

Mailing Address 8505 E Orchard Rd

City

Greenwood Village

State

CO

Zip Code

80111-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-13581-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rick L Bailey**

Mailing Address 8505 E Orchard Rd

City

Greenwood Village

State

CO

Zip Code

80111-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-13571-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey S Baldwin**

Mailing Address 1112 59th St

City

West Des Moines

State

IA

Zip Code

50266-6300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

App Development Sr Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-23180-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jeffrey S Baldwin**

Mailing Address 1112 59th St

City

West Des Moines

State

IA

Zip Code

50266-6300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

App Development Sr Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-23085-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jeffrey S Baldwin**

Mailing Address 1112 59th St

City

West Des Moines

State

IA

Zip Code

50266-6300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

App Development Sr Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-23050-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michelle C Beauregard**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Project Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : 20160530-12642-20-24**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michelle C Beauregard**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Project Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

**Transaction ID : 20160613-12604-20-26**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michelle C Beauregard**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Project Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : 20160627-12594-20-24**

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

120.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Amie L Benedict**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-6421-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Amie L Benedict**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-6402-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Amie L Benedict**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-6402-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Amy R Bennett**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Information Protection Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-1442-20-24**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Amy R Bennett**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Information Protection Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-1438-20-26**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Amy R Bennett**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Information Protection Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-1439-20-24**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeff Berardo**

Mailing Address 44 Whippany Rd

City

Morristown

State

NJ

Zip Code

07960-4558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Sales Director-Direct Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	6

**Transaction ID : 20160530-1907-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jeff Berardo**

Mailing Address 44 Whippany Rd

City

Morristown

State

NJ

Zip Code

07960-4558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Sales Director-Direct Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	6

**Transaction ID : 20160613-1901-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jeff Berardo**

Mailing Address 44 Whippany Rd

City

Morristown

State

NJ

Zip Code

07960-4558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Sales Director-Direct Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

**Transaction ID : 20160627-1902-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kim Bimestefer**

Mailing Address 8505 E Orchard Rd

City

Greenwood Village

State

CO

Zip Code

80111-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-7358-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kim Bimestefer**

Mailing Address 8505 E Orchard Rd

City

Greenwood Village

State

CO

Zip Code

80111-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-7340-20-26**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. John J Bogan**

Mailing Address 1601 Chestnut St  
 # 2

City

Philadelphia

State

PA

Zip Code

19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-20714-20-24**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 309

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John J Bogan**Mailing Address 1601 Chestnut St  
# 2

City	State	Zip Code
Philadelphia	PA	19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-20636-20-26**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John J Bogan**Mailing Address 1601 Chestnut St  
# 2

City	State	Zip Code
Philadelphia	PA	19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-20610-20-24**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Eva C Borden**

Mailing Address 514 W Lane Ct

City	State	Zip Code
Panora	IA	50216-1145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-2180-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eva C Borden

Mailing Address 514 W Lane Ct

City State Zip Code  
 Panora IA 50216-1145

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : 20160613-2172-20-26

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Eva C Borden

Mailing Address 514 W Lane Ct

City State Zip Code  
 Panora IA 50216-1145

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : 20160627-2173-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mark L Boxer

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 EVP CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 20160530-8464-20-24

Amount of Each Receipt this Period

192.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

292.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mark L Boxer**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 EVP CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-8440-20-26**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mark L Boxer**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 EVP CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-8435-20-24**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Christopher J Bradbury**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation  
 Clinical Program Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-22827-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

434.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christopher J Bradbury**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Clinical Program Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-22733-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Christopher J Bradbury**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Clinical Program Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-22701-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Conway Brew**

Mailing Address 8505 E Orchard Rd

City

Greenwood Village

State

CO

Zip Code

80111-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-6898-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Conway Brew**

Mailing Address 8505 E Orchard Rd

City State Zip Code  
 Greenwood Village CO 80111-5002

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : 20160613-6879-20-26

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Conway Brew**

Mailing Address 8505 E Orchard Rd

City State Zip Code  
 Greenwood Village CO 80111-5002

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : 20160627-6879-20-24

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brett C Browchuk**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation  
 SVP Service Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 20160530-12388-20-24

Amount of Each Receipt this Period

192.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

242.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Brett C Browchuk**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

SVP Service Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-12351-20-26**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Brett C Browchuk**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

SVP Service Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-12341-20-24**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. William Brown**

Mailing Address 7555 Goodwin Rd

City State Zip Code  
 Chattanooga TN 37421-3183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-7437-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

409.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William Brown**

Mailing Address 7555 Goodwin Rd

City

Chattanooga

State

TN

Zip Code

37421-3183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-7418-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William Brown**

Mailing Address 7555 Goodwin Rd

City

Chattanooga

State

TN

Zip Code

37421-3183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-7415-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kelly K Brundin**

Mailing Address 610 Meadowview Ct

City

Maple Glen

State

PA

Zip Code

19002-2330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

VP Financial Plng & Analysis

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-2719-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

100.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kelly K Brundin**

Mailing Address 610 Meadowview Ct

City

Maple Glen

State

PA

Zip Code

19002-2330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

VP Financial Plng & Analysis

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-2712-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kelly K Brundin**

Mailing Address 610 Meadowview Ct

City

Maple Glen

State

PA

Zip Code

19002-2330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

VP Financial Plng & Analysis

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-2713-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Zigmund R Brzezinski**

Mailing Address 801 Ocean Rd

City

Spring Lake

State

NJ

Zip Code

07762-1931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.27

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-2325-20-24**

Amount of Each Receipt this Period

18.53

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

118.53

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Zigmund R Brzezinski

Mailing Address 801 Ocean Rd

City

Spring Lake

State

NJ

Zip Code

07762-1931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

238.27

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : 20160613-2317-20-26

Amount of Each Receipt this Period

18.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Zigmund R Brzezinski

Mailing Address 801 Ocean Rd

City

Spring Lake

State

NJ

Zip Code

07762-1931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

238.27

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : 20160627-2318-20-24

Amount of Each Receipt this Period

18.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. M. Buckley

Mailing Address 525 W Monroe St

City

Chicago

State

IL

Zip Code

60661-3629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Manager Account Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

326.62

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : 20160530-3888-20-24

Amount of Each Receipt this Period

12.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

49.56

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. M. Buckley**

Mailing Address 525 W Monroe St

City

Chicago

State

IL

Zip Code

60661-3629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Manager Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.62

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-3878-20-26**

Amount of Each Receipt this Period

102.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. M. Buckley**

Mailing Address 525 W Monroe St

City

Chicago

State

IL

Zip Code

60661-3629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Manager Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.62

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-3879-20-24**

Amount of Each Receipt this Period

12.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Timothy D Buckley**

Mailing Address 1601 Chestnut St  
 # 2

City

Philadelphia

State

PA

Zip Code

19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Internation

Occupation

VP Treasury

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-11540-20-24**

Amount of Each Receipt this Period

125.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

240.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Timothy D Buckley**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Internation

Occupation

VP Treasury

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-11505-20-26**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Timothy D Buckley**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Internation

Occupation

VP Treasury

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-11499-20-24**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Nancy B Bucklin**

Mailing Address 5310 E High St

City State Zip Code  
Phoenix AZ 85054-5469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-5071-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Nancy B Bucklin**

Mailing Address 5310 E High St

City State Zip Code  
Phoenix AZ 85054-5469

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-5059-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Nancy B Bucklin**

Mailing Address 5310 E High St

City State Zip Code  
Phoenix AZ 85054-5469

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-5059-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Claire Marie Burchill**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Marketing Product Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-1616-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Claire Marie Burchill

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Marketing Product Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : 20160613-1612-20-26

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Claire Marie Burchill

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Marketing Product Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : 20160627-1613-20-24

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Glenn T Butkus

Mailing Address 2223 Washington St

City

Newton

State

MA

Zip Code

02462-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Senior Sales Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : 20160530-317-20-24

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Glenn T Butkus**

Mailing Address 2223 Washington St

City

Newton

State

MA

Zip Code

02462-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Senior Sales Representative

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-316-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Glenn T Butkus**

Mailing Address 2223 Washington St

City

Newton

State

MA

Zip Code

02462-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Senior Sales Representative

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-316-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mark Butler**

Mailing Address 2223 Washington St

City

Newton

State

MA

Zip Code

02462-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-8114-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Mark Butler**

Mailing Address 2223 Washington St

City

Newton

State

MA

Zip Code

02462-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-8093-20-26**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Mark Butler**

Mailing Address 2223 Washington St

City

Newton

State

MA

Zip Code

02462-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-8089-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. William C Carlson**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Real Estate Sr Managing Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-634-20-24**

Amount of Each Receipt this Period

60.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. William C Carlson

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Real Estate Sr Managing Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : 20160613-632-20-26

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William C Carlson

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Real Estate Sr Managing Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : 20160627-632-20-24

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Steven Caron

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
 Philadelphia PA 19192-0002

FEC ID number of contributing federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Architecture Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 20160530-1901-20-24

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven Caron**Mailing Address 1601 Chestnut St  
# 2

City	State	Zip Code
Philadelphia	PA	19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE COOccupation  
Architecture Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-1896-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Steven Caron**Mailing Address 1601 Chestnut St  
# 2

City	State	Zip Code
Philadelphia	PA	19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE COOccupation  
Architecture Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-1897-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Eric J Cayford**

Mailing Address 900 Cottage Grove Rd

City	State	Zip Code
Bloomfield	CT	06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-26192-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eric J Cayford**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-26079-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Eric J Cayford**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-26029-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Karen K Cierzan**

Mailing Address 11095 Viking Dr

City

Eden Prairie

State

MN

Zip Code

55344-7223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA BEHAVIORAL HEALTH, INC.

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-5095-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Karen K Cierzan**

Mailing Address 11095 Viking Dr

City

Eden Prairie

State

MN

Zip Code

55344-7223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA BEHAVIORAL HEALTH, INC.

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-5083-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Karen K Cierzan**

Mailing Address 11095 Viking Dr

City

Eden Prairie

State

MN

Zip Code

55344-7223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA BEHAVIORAL HEALTH, INC.

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-5083-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Renee R Cieslukowski**

Mailing Address 1601 Chestnut St  
 # 2

City

Philadelphia

State

PA

Zip Code

19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AMERICA

Occupation

Financial Analysis Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-3735-20-24**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Renee R Cieslukowski**Mailing Address 1601 Chestnut St  
# 2

City	State	Zip Code
Philadelphia	PA	19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICAOccupation  
Financial Analysis Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-3726-20-26**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Renee R Cieslukowski**Mailing Address 1601 Chestnut St  
# 2

City	State	Zip Code
Philadelphia	PA	19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICAOccupation  
Financial Analysis Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-3727-20-24**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Robert F Clark**

Mailing Address 900 Cottage Grove Rd

City	State	Zip Code
Bloomfield	CT	06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation  
VP Coli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-340-20-24**

Amount of Each Receipt this Period

90.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert F Clark**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Coli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-339-20-26**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Robert F Clark**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Coli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-339-20-24**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Barbara Coburn**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-25022-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

205.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Barbara Coburn**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-24916-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Barbara Coburn**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-24872-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Colleen C Cohan**

Mailing Address 111 S Calvert St

City

Baltimore

State

MD

Zip Code

21202-6174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-33640-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gina L Collins**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Compliance Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-9772-20-24**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Gina L Collins**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Compliance Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-9741-20-26**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Gina L Collins**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Compliance Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-9735-20-24**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Timothy K Conners**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

IT Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-18970-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Timothy K Conners**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

IT Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-18903-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Timothy K Conners**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

IT Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-18882-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Conrad**

Mailing Address 400 N Brand Blvd

City

Glendale

State

CA

Zip Code

91203-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Sales Manager-National Accts

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.35

Date of Receipt

06 / 02 / 2016

Transaction ID : 20160530-1970-20-24

Amount of Each Receipt this Period

30.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael Conrad**

Mailing Address 400 N Brand Blvd

City

Glendale

State

CA

Zip Code

91203-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Sales Manager-National Accts

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.35

Date of Receipt

06 / 16 / 2016

Transaction ID : 20160613-1964-20-26

Amount of Each Receipt this Period

9.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael Conrad**

Mailing Address 400 N Brand Blvd

City

Glendale

State

CA

Zip Code

91203-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Sales Manager-National Accts

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.35

Date of Receipt

06 / 30 / 2016

Transaction ID : 20160627-1965-20-24

Amount of Each Receipt this Period

28.37

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

68.53



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eric P Consolazio**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 VP Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-1584-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Eric P Consolazio**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 VP Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-1580-20-26**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Eric P Consolazio**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 VP Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-1581-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Natalie B Corbett**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

HR Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-21653-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Natalie B Corbett**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

HR Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-21569-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Natalie B Corbett**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

HR Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-21540-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David M Cordani**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-409-20-24**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David M Cordani**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-408-20-26**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David M Cordani**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-408-20-24**

Amount of Each Receipt this Period

192.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel J Cozzo

Mailing Address 31792 Via Coyote

City State Zip Code  
 Coto De Caza CA 92679-4105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 20160530-9161-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Daniel J Cozzo

Mailing Address 31792 Via Coyote

City State Zip Code  
 Coto De Caza CA 92679-4105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : 20160613-9133-20-26

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Daniel J Cozzo

Mailing Address 31792 Via Coyote

City State Zip Code  
 Coto De Caza CA 92679-4105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : 20160627-9128-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen W Crawford

Mailing Address 216 B Ave

City State Zip Code  
 Coronado CA 92118-1955

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 20160530-11366-20-24

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stephen W Crawford

Mailing Address 216 B Ave

City State Zip Code  
 Coronado CA 92118-1955

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : 20160613-11331-20-26

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stephen W Crawford

Mailing Address 216 B Ave

City State Zip Code  
 Coronado CA 92118-1955

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : 20160627-11326-20-24

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Rebecca A Croes**

Mailing Address 2900 North Loop W

City State Zip Code  
Houston TX 77092-8841

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Marketing Product Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : 20160530-30035-20-24

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Rebecca A Croes**

Mailing Address 2900 North Loop W

City State Zip Code  
Houston TX 77092-8841

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Marketing Product Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : 20160613-29897-20-26

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rebecca A Croes**

Mailing Address 2900 North Loop W

City State Zip Code  
Houston TX 77092-8841

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Marketing Product Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : 20160627-29829-20-24

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andrew D Crooks**

Mailing Address 2701 N Rocky Point Dr

City	State	Zip Code
Tampa	FL	33607-5917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

RVP Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-7244-20-24**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Andrew D Crooks**

Mailing Address 2701 N Rocky Point Dr

City	State	Zip Code
Tampa	FL	33607-5917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

RVP Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-7226-20-26**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Andrew D Crooks**

Mailing Address 2701 N Rocky Point Dr

City	State	Zip Code
Tampa	FL	33607-5917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

RVP Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-7224-20-24**

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Balthasar A Crosson**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Business IT Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 20160530-2329-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Balthasar A Crosson**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Business IT Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : 20160613-2321-20-26

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Balthasar A Crosson**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Business IT Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : 20160627-2322-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brian Cuddeback**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-10298-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Brian Cuddeback**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-10264-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brian Cuddeback**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-10258-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory J Czar

Mailing Address 1601 Chestnut St  
 # 2

City State Zip Code  
 Philadelphia PA 19192-0002

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 LIFE INS. CO. OF NORTH AMERICA

Occupation  
 Financial Analysis Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 20160530-8596-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gregory J Czar

Mailing Address 1601 Chestnut St  
 # 2

City State Zip Code  
 Philadelphia PA 19192-0002

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 LIFE INS. CO. OF NORTH AMERICA

Occupation  
 Financial Analysis Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : 20160613-8572-20-26

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gregory J Czar

Mailing Address 1601 Chestnut St  
 # 2

City State Zip Code  
 Philadelphia PA 19192-0002

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 LIFE INS. CO. OF NORTH AMERICA

Occupation  
 Financial Analysis Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : 20160627-8567-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kristin Damato**

Mailing Address 601 Pennsylvania Ave NW

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Government Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-2145-20-24**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kristin Damato**

Mailing Address 601 Pennsylvania Ave NW

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Government Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-2138-20-26**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kristin Damato**

Mailing Address 601 Pennsylvania Ave NW

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Government Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-2139-20-24**

Amount of Each Receipt this Period

120.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

360.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Johannes M De Jong**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-212-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Johannes M De Jong**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-212-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Johannes M De Jong**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-212-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christopher De Rosa**

Mailing Address 26 Executive Park

City State Zip Code  
Irvine CA 92614-6739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
RVP Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-1491-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Christopher De Rosa**

Mailing Address 26 Executive Park

City State Zip Code  
Irvine CA 92614-6739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
RVP Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-1487-20-26**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Christopher De Rosa**

Mailing Address 26 Executive Park

City State Zip Code  
Irvine CA 92614-6739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
RVP Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-1488-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Deforest**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Audit Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-8469-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Elizabeth Deforest**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Audit Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-8445-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Elizabeth Deforest**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Audit Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-8440-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cyanne L Demchak**

Mailing Address 175 W Jackson Blvd

City

Chicago

State

IL

Zip Code

60604-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-15115-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Cyanne L Demchak**

Mailing Address 175 W Jackson Blvd

City

Chicago

State

IL

Zip Code

60604-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-15072-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cyanne L Demchak**

Mailing Address 175 W Jackson Blvd

City

Chicago

State

IL

Zip Code

60604-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-15063-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michelle Demonteverde**

Mailing Address 400 N Brand Blvd

City

Glendale

State

CA

Zip Code

91203-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

Provider Contracting Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-12537-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michelle Demonteverde**

Mailing Address 400 N Brand Blvd

City

Glendale

State

CA

Zip Code

91203-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

Provider Contracting Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-12500-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michelle Demonteverde**

Mailing Address 400 N Brand Blvd

City

Glendale

State

CA

Zip Code

91203-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

Provider Contracting Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-12490-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brendan J Devine**

Mailing Address 601 Pennsylvania Ave NW

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-23451-20-24**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Brendan J Devine**

Mailing Address 601 Pennsylvania Ave NW

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-23356-20-26**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brendan J Devine**

Mailing Address 601 Pennsylvania Ave NW

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-23321-20-24**

Amount of Each Receipt this Period

60.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

180.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Constance J Dimanno**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Project Management Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-8939-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Constance J Dimanno**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Project Management Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-8912-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Constance J Dimanno**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Project Management Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-8907-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeannine Doherty**

Mailing Address 5310 E High St

City

Phoenix

State

AZ

Zip Code

85054-5469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

504.35

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-26-20-24**

Amount of Each Receipt this Period

19.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jeannine Doherty**

Mailing Address 5310 E High St

City

Phoenix

State

AZ

Zip Code

85054-5469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

504.35

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-26-20-26**

Amount of Each Receipt this Period

9.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jeannine Doherty**

Mailing Address 5310 E High St

City

Phoenix

State

AZ

Zip Code

85054-5469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

504.35

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-26-20-24**

Amount of Each Receipt this Period

9.62

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

38.44

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eugene H Dours**

Mailing Address 1640 Dallas Pkwy

City	State	Zip Code
Plano	TX	75093-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE COOccupation  
Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-4783-20-24**

Amount of Each Receipt this Period

18.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Eugene H Dours**

Mailing Address 1640 Dallas Pkwy

City	State	Zip Code
Plano	TX	75093-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE COOccupation  
Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-4771-20-26**

Amount of Each Receipt this Period

18.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Eugene H Dours**

Mailing Address 1640 Dallas Pkwy

City	State	Zip Code
Plano	TX	75093-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE COOccupation  
Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-4772-20-24**

Amount of Each Receipt this Period

18.50

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Marcus J Doyle**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

Strat & Bus Develop Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-12400-20-24**

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Marcus J Doyle**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

Strat & Bus Develop Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-12363-20-26**

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Marcus J Doyle**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

Strat & Bus Develop Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-12353-20-24**

Amount of Each Receipt this Period

65.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

195.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 309

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stephen D Drew**

Mailing Address 175 W Jackson Blvd

City	State	Zip Code
Chicago	IL	60604-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Architecture Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-23042-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stephen D Drew**

Mailing Address 175 W Jackson Blvd

City	State	Zip Code
Chicago	IL	60604-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Architecture Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-22948-20-26**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stephen D Drew**

Mailing Address 175 W Jackson Blvd

City	State	Zip Code
Chicago	IL	60604-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Architecture Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-22914-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Rosanna M Durruthy**

Mailing Address 1527 Seabreeze Blvd

City

Fort Lauderdale

State

FL

Zip Code

33316-3213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Diversity Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : 20160530-17494-20-24

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Rosanna M Durruthy**

Mailing Address 1527 Seabreeze Blvd

City

Fort Lauderdale

State

FL

Zip Code

33316-3213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Diversity Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : 20160613-17441-20-26

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rosanna M Durruthy**

Mailing Address 1527 Seabreeze Blvd

City

Fort Lauderdale

State

FL

Zip Code

33316-3213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Diversity Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : 20160627-17424-20-24

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael D Elmore**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Chief Info Security Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-18166-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael D Elmore**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Chief Info Security Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-18104-20-26**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael D Elmore**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Chief Info Security Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-18088-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Leslie Enright**

Mailing Address 1601 Chestnut St  
# 2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
HR Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-8162-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Leslie Enright**

Mailing Address 1601 Chestnut St  
# 2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
HR Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-8141-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Leslie Enright**

Mailing Address 1601 Chestnut St  
# 2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
HR Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-8137-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brian Evanko**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State Zip Code  
CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-1591-20-24**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Brian Evanko**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State Zip Code  
CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-1587-20-26**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brian Evanko**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State Zip Code  
CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-1588-20-24**

Amount of Each Receipt this Period

125.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Scott E Evelyn**

Mailing Address 1571 Sawgrass Corporate Pkwy

City State Zip Code  
 Sunrise FL 33323-2862

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 20160530-13465-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Scott E Evelyn**

Mailing Address 1571 Sawgrass Corporate Pkwy

City State Zip Code  
 Sunrise FL 33323-2862

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : 20160613-13424-20-26

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Scott E Evelyn**

Mailing Address 1571 Sawgrass Corporate Pkwy

City State Zip Code  
 Sunrise FL 33323-2862

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : 20160627-13414-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lori Feldman**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Social Media Mktg Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-19758-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lori Feldman**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Social Media Mktg Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-19685-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lori Feldman**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Social Media Mktg Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-19663-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Staci F Fernandez

Mailing Address 15 Dilaj Dr

City State Zip Code  
 Columbia CT 06237-1048

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 20160530-1689-20-24

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Staci F Fernandez

Mailing Address 15 Dilaj Dr

City State Zip Code  
 Columbia CT 06237-1048

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : 20160613-1685-20-26

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Staci F Fernandez

Mailing Address 15 Dilaj Dr

City State Zip Code  
 Columbia CT 06237-1048

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : 20160627-1686-20-24

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael L Fessenden**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-22883-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael L Fessenden**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-22789-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael L Fessenden**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-22755-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Scott M Filiault**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 VP Informatics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1510.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-219-20-24**

Amount of Each Receipt this Period

130.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Scott M Filiault**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 VP Informatics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1510.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-219-20-26**

Amount of Each Receipt this Period

130.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Scott M Filiault**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 VP Informatics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1510.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-219-20-24**

Amount of Each Receipt this Period

130.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

390.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jennifer L Finizio**

Mailing Address 58 Darling Ave

City

Bloomfield

State

NJ

Zip Code

07003-5406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Marketing Product Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-20256-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jennifer L Finizio**

Mailing Address 58 Darling Ave

City

Bloomfield

State

NJ

Zip Code

07003-5406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Marketing Product Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-20181-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jennifer L Finizio**

Mailing Address 58 Darling Ave

City

Bloomfield

State

NJ

Zip Code

07003-5406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Marketing Product Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-20156-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mary Fischer-McKee**

Mailing Address 11029 W Crestbrook Dr

City State Zip Code  
 Sun City AZ 85351-1057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

Compliance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-11260-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mary Fischer-McKee**

Mailing Address 11029 W Crestbrook Dr

City State Zip Code  
 Sun City AZ 85351-1057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

Compliance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-11225-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mary Fischer-McKee**

Mailing Address 11029 W Crestbrook Dr

City State Zip Code  
 Sun City AZ 85351-1057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

Compliance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-11219-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Susan P Fitzpatrick**

Mailing Address 140 E 45th St

City

New York

State

NY

Zip Code

10017-3144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Clinical Program Sr Dir

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

Transaction ID : 20160530-1489-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Susan P Fitzpatrick**

Mailing Address 140 E 45th St

City

New York

State

NY

Zip Code

10017-3144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Clinical Program Sr Dir

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

Transaction ID : 20160613-1485-20-26

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Susan P Fitzpatrick**

Mailing Address 140 E 45th St

City

New York

State

NY

Zip Code

10017-3144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Clinical Program Sr Dir

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

Transaction ID : 20160627-1486-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

150.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Patty S Fontneau**

Mailing Address 8505 E Orchard Rd

City State Zip Code  
 Greenwood Village CO 80111-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-26082-20-24**

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Patty S Fontneau**

Mailing Address 8505 E Orchard Rd

City State Zip Code  
 Greenwood Village CO 80111-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-25970-20-26**

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Patty S Fontneau**

Mailing Address 8505 E Orchard Rd

City State Zip Code  
 Greenwood Village CO 80111-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-25920-20-24**

Amount of Each Receipt this Period

80.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

240.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Mark Foulke**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-30150-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Mark Foulke**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-30012-20-26**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Mark Foulke**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-29944-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Philip A Fridl

Mailing Address 7555 Goodwin Rd

City State Zip Code  
 Chattanooga TN 37421-3183

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Network Opns Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 20160530-8539-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Philip A Fridl

Mailing Address 7555 Goodwin Rd

City State Zip Code  
 Chattanooga TN 37421-3183

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Network Opns Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : 20160613-8515-20-26

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Philip A Fridl

Mailing Address 7555 Goodwin Rd

City State Zip Code  
 Chattanooga TN 37421-3183

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Network Opns Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : 20160627-8510-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tyrone M Fripp**

Mailing Address 140 E 45th St

City  
New York

State Zip Code  
NY 10017-3144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

HR Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-12961-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Tyrone M Fripp**

Mailing Address 140 E 45th St

City  
New York

State Zip Code  
NY 10017-3144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

HR Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-12922-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Tyrone M Fripp**

Mailing Address 140 E 45th St

City  
New York

State Zip Code  
NY 10017-3144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

HR Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-12912-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Herbert A Fritch**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

President Cigna HealthSpring

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-29195-20-24**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Herbert A Fritch**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

President Cigna HealthSpring

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-29063-20-26**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Herbert A Fritch**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

President Cigna HealthSpring

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-28994-20-24**

Amount of Each Receipt this Period

192.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Peter R Gardner**

Mailing Address 2900 North Loop W

City State Zip Code  
Houston TX 77092-8841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-29989-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Peter R Gardner**

Mailing Address 2900 North Loop W

City State Zip Code  
Houston TX 77092-8841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-29851-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Peter R Gardner**

Mailing Address 2900 North Loop W

City State Zip Code  
Houston TX 77092-8841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-29783-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas Garvey**

Mailing Address 44 Whippany Rd

City

Morristown

State

NJ

Zip Code

07960-4558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	2		2	0	1	6		

**Transaction ID : 20160530-1793-20-24**

Amount of Each Receipt this Period

19.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Thomas Garvey**

Mailing Address 44 Whippany Rd

City

Morristown

State

NJ

Zip Code

07960-4558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	6		2	0	1	6		

**Transaction ID : 20160613-1789-20-26**

Amount of Each Receipt this Period

19.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Thomas Garvey**

Mailing Address 44 Whippany Rd

City

Morristown

State

NJ

Zip Code

07960-4558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	6		

**Transaction ID : 20160627-1790-20-24**

Amount of Each Receipt this Period

19.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

57.75

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Willis H Gee**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Business IT Sr Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 20160530-8195-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Willis H Gee**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Business IT Sr Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : 20160613-8174-20-26**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Willis H Gee**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Business IT Sr Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : 20160627-8170-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

300.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Glenn M Gerhard**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Informatics Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-193-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Glenn M Gerhard**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Informatics Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-193-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David J Giannoni**

Mailing Address 612 Wheelers Farms Rd

City State Zip Code  
 Milford CT 06461-1673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.43

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-3482-20-24**

Amount of Each Receipt this Period

6.73

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

56.73

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David J Giannoni**

Mailing Address 612 Wheelers Farms Rd

City State Zip Code  
 Milford CT 06461-1673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.43

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-3473-20-26**

Amount of Each Receipt this Period

6.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David J Giannoni**

Mailing Address 612 Wheelers Farms Rd

City State Zip Code  
 Milford CT 06461-1673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.43

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-3474-20-24**

Amount of Each Receipt this Period

6.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jennifer R Gilbert**

Mailing Address 6401 Poplar Ave

City State Zip Code  
 Memphis TN 38119-4823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation  
 Network Opns Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-30771-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

63.46

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jennifer R Gilbert**

Mailing Address 6401 Poplar Ave

City

Memphis

State

TN

Zip Code

38119-4823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Network Opns Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : 20160613-30632-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jennifer R Gilbert**

Mailing Address 6401 Poplar Ave

City

Memphis

State

TN

Zip Code

38119-4823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Network Opns Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 20160627-30559-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Debra L Glover**

Mailing Address 601 Mainstream Dr

City

Nashville

State

TN

Zip Code

37228-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

App Development Sr Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : 20160530-29218-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

150.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Debra L Glover**

Mailing Address 601 Mainstream Dr

City

Nashville

State

TN

Zip Code

37228-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

App Development Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-29086-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Debra L Glover**

Mailing Address 601 Mainstream Dr

City

Nashville

State

TN

Zip Code

37228-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

App Development Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-29017-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John P Godsill**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

SVP Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-8219-20-24**

Amount of Each Receipt this Period

160.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

260.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John P Godsill**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 SVP Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-8197-20-26**

Amount of Each Receipt this Period

160.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John P Godsill**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 SVP Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-8193-20-24**

Amount of Each Receipt this Period

160.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ronald J Goglia**

Mailing Address 300 Morrison Ave

City State Zip Code  
 Easton PA 18042-1439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-1967-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

340.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ronald J Goglia**

Mailing Address 300 Morrison Ave

City  
Easton

State  
PA

Zip Code  
18042-1439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-1961-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ronald J Goglia**

Mailing Address 300 Morrison Ave

City  
Easton

State  
PA

Zip Code  
18042-1439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-1962-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kristen Gorodetzer**

Mailing Address 1601 Chestnut St  
# 2

City  
Philadelphia

State  
PA

Zip Code  
19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HR&S Talent Optimization

Occupation

VP Total Rewards & Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1545.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-10218-20-24**

Amount of Each Receipt this Period

120.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Kristen Gorodetzer**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HR&S Talent Optimization

Occupation

VP Total Rewards & Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1545.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-10185-20-26**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Kristen Gorodetzer**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HR&S Talent Optimization

Occupation

VP Total Rewards & Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1545.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-10179-20-24**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Tania K Graves**

Mailing Address 8179 Penn Pl

City State Zip Code  
Indianapolis IN 46250-4265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Marketing Comm Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-5424-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

315.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tania K Graves**

Mailing Address 8179 Penn PI

City

Indianapolis

State

IN

Zip Code

46250-4265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Marketing Comm Senior Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : 20160613-5408-20-26**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Tania K Graves**

Mailing Address 8179 Penn PI

City

Indianapolis

State

IN

Zip Code

46250-4265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Marketing Comm Senior Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 20160627-5409-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Richard Gray**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Strat And Bus Develop Sr Dir

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : 20160530-1728-20-24**

Amount of Each Receipt this Period

35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

185.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 99 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Gray**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Strat And Bus Develop Sr Dir

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-1724-20-26**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Richard Gray**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Strat And Bus Develop Sr Dir

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-1725-20-24**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. William F Gray**

Mailing Address 3 Waterside Xing

City

Windsor

State

CT

Zip Code

06095-1561

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Architecture Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-24231-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William F Gray**

Mailing Address 3 Waterside Xing

City

Windsor

State

CT

Zip Code

06095-1561

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Architecture Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-24129-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William F Gray**

Mailing Address 3 Waterside Xing

City

Windsor

State

CT

Zip Code

06095-1561

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Architecture Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-24090-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Allison B Greco**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

IT Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-1266-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 OF 309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Allison B Greco

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 IT Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : 20160613-1262-20-26

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Allison B Greco

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 IT Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : 20160627-1262-20-24

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Benjy R Green

Mailing Address 2208 Highway 121

City State Zip Code  
 Bedford TX 76021-5981

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation  
 Market Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 20160530-28791-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Benjy R Green**

Mailing Address 2208 Highway 121

City

Bedford

State

TX

Zip Code

76021-5981

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-28662-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Benjy R Green**

Mailing Address 2208 Highway 121

City

Bedford

State

TX

Zip Code

76021-5981

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-28594-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bruce M Grimm**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-6167-20-24**

Amount of Each Receipt this Period

35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 103 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bruce M Grimm**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State Zip Code  
CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-6148-20-26**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bruce M Grimm**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State Zip Code  
CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-6149-20-24**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Jeffrey C Gross**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State Zip Code  
CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation  
Information Protection Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-15904-20-24**

Amount of Each Receipt this Period

24.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

94.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 104 OF 309

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey C Gross**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Information Protection Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-15859-20-26**

Amount of Each Receipt this Period

24.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jeffrey C Gross**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Information Protection Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-15846-20-24**

Amount of Each Receipt this Period

24.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Beth C Guest**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Assoc Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-22153-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

98.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Beth C Guest**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Assoc Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-22066-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Beth C Guest**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Assoc Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-22036-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David D Guilmette**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Multi-Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-16717-20-24**

Amount of Each Receipt this Period

192.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

292.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David D Guilmette**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Multi-Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-16667-20-26**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David D Guilmette**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Multi-Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-16652-20-24**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Theresa A Hall**

Mailing Address 8505 E Orchard Rd

City

Greenwood Village

State

CO

Zip Code

80111-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-14023-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

434.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Theresa A Hall

Mailing Address 8505 E Orchard Rd

City State Zip Code  
 Greenwood Village CO 80111-5002

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : 20160613-13982-20-26

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Theresa A Hall

Mailing Address 8505 E Orchard Rd

City State Zip Code  
 Greenwood Village CO 80111-5002

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : 20160627-13972-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kerin L Hallquist

Mailing Address 300 Bellevue Pkwy  
Ste 101

City State Zip Code  
 Wilmington DE 19809-3704

FEC ID number of contributing federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Underwriting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 20160530-554-20-24

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 108 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kerin L Hallquist**

Mailing Address 300 Bellevue Pkwy  
Ste 101

City State Zip Code  
Wilmington DE 19809-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Underwriting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-552-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kerin L Hallquist**

Mailing Address 300 Bellevue Pkwy  
Ste 101

City State Zip Code  
Wilmington DE 19809-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Underwriting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-552-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Joseph L Hannah**

Mailing Address 901 E Cary St

City State Zip Code  
Richmond VA 23219-4063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-4520-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 109 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joseph L Hannah**

Mailing Address 901 E Cary St

City  
Richmond

State  
VA

Zip Code  
23219-4063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-4509-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Joseph L Hannah**

Mailing Address 901 E Cary St

City  
Richmond

State  
VA

Zip Code  
23219-4063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-4510-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Julian J Harris**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State  
CT

Zip Code  
06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

SVP Strategic Operations Plng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-32244-20-24**

Amount of Each Receipt this Period

153.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

193.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 110 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Julian J Harris**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

SVP Strategic Operations Plng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-32096-20-26**

Amount of Each Receipt this Period

153.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Julian J Harris**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

SVP Strategic Operations Plng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-32019-20-24**

Amount of Each Receipt this Period

153.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Peter E Harrison**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Marketing Insights

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-24948-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

326.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Peter E Harrison**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Marketing Insights

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-24842-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Peter E Harrison**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Marketing Insights

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-24799-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Joan B Harvey**

Mailing Address 65 S River Rd

City State Zip Code  
 Stuart FL 34996-6400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Consumer Health Engagement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-20716-20-24**

Amount of Each Receipt this Period

160.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joan B Harvey**

Mailing Address 65 S River Rd

City  
StuartState  
FLZip Code  
34996-6400FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Consumer Health Engagement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-20638-20-26**

Amount of Each Receipt this Period

160.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Joan B Harvey**

Mailing Address 65 S River Rd

City  
StuartState  
FLZip Code  
34996-6400FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Consumer Health Engagement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-20612-20-24**

Amount of Each Receipt this Period

160.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Tobin B Hawkins**

Mailing Address 2700 Post Oak Blvd

City  
HoustonState  
TXZip Code  
77056-5784FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Enterprise Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-4689-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

345.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tobin B Hawkins**

Mailing Address 2700 Post Oak Blvd

City

Houston

State

TX

Zip Code

77056-5784

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Enterprise Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	6

**Transaction ID : 20160613-4677-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Tobin B Hawkins**

Mailing Address 2700 Post Oak Blvd

City

Houston

State

TX

Zip Code

77056-5784

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Enterprise Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

**Transaction ID : 20160627-4678-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Gregory T Hicks**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

VP Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	6

**Transaction ID : 20160530-10031-20-24**

Amount of Each Receipt this Period

115.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

165.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Gregory T Hicks**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State Zip Code  
CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
VP Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-9999-20-26**

Amount of Each Receipt this Period

115.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Gregory T Hicks**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State Zip Code  
CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
VP Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-9993-20-24**

Amount of Each Receipt this Period

115.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **c. Christopher J Hocevar**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State Zip Code  
CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Multi-Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1495.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-8176-20-24**

Amount of Each Receipt this Period

115.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

345.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christopher J Hocevar**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Multi-Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1495.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-8155-20-26**

Amount of Each Receipt this Period

115.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Christopher J Hocevar**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Multi-Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1495.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-8151-20-24**

Amount of Each Receipt this Period

115.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Carole Hodsdon**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Business IT Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-2713-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

330.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Carole Hodsdon**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Business IT Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-2706-20-26**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Carole Hodsdon**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Business IT Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-2707-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael Horlacher**

Mailing Address 1601 Chestnut St  
 # 2

City State Zip Code  
 Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Architecture Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-2610-20-24**

Amount of Each Receipt this Period

60.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

260.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Horlacher**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Architecture Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : 20160613-2603-20-26**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael Horlacher**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Architecture Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 20160627-2604-20-24**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Tamara Horwitz**

Mailing Address 3430 List Pl

City State Zip Code  
Minneapolis MN 55416-4559

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation  
Marketing Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : 20160530-15060-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tamara Horwitz**

Mailing Address 3430 List Pl

City

Minneapolis

State

MN

Zip Code

55416-4559

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Marketing Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-15017-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Tamara Horwitz**

Mailing Address 3430 List Pl

City

Minneapolis

State

MN

Zip Code

55416-4559

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Marketing Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-15008-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael L Howell**

Mailing Address 255 Primera Blvd  
Ste 264

City

Lake Mary

State

FL

Zip Code

32746-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-20767-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael L Howell**

Mailing Address 255 Primera Blvd  
Ste 264

City State Zip Code  
Lake Mary FL 32746-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : 20160613-20688-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael L Howell**

Mailing Address 255 Primera Blvd  
Ste 264

City State Zip Code  
Lake Mary FL 32746-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 20160627-20661-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Julia M Huggins**

Mailing Address 111 S Calvert St

City State Zip Code  
Baltimore MD 21202-6174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : 20160530-450-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Julia M Huggins**

Mailing Address 111 S Calvert St

City  
BaltimoreState  
MDZip Code  
21202-6174FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-449-20-26**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Julia M Huggins**

Mailing Address 111 S Calvert St

City  
BaltimoreState  
MDZip Code  
21202-6174FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-449-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jay L Hurt**

Mailing Address 2900 North Loop W

City  
HoustonState  
TXZip Code  
77092-8841FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-30423-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

300.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jay L Hurt**

Mailing Address 2900 North Loop W

City

Houston

State

TX

Zip Code

77092-8841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-30285-20-26**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jay L Hurt**

Mailing Address 2900 North Loop W

City

Houston

State

TX

Zip Code

77092-8841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-30216-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Deborah L Hutton**

Mailing Address 20 Hilltop Dr

City

West Hartford

State

CT

Zip Code

06107-1433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-26062-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Deborah L Hutton**

Mailing Address 20 Hilltop Dr

City

West Hartford

State

CT

Zip Code

06107-1433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-25951-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Deborah L Hutton**

Mailing Address 20 Hilltop Dr

City

West Hartford

State

CT

Zip Code

06107-1433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-25901-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Tamara A Igunbor**

Mailing Address W144N7150 Terrace Dr

City

Menomonee Falls

State

WI

Zip Code

53051-0930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Director-Sales Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-24367-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tamara A Igunbor**

Mailing Address W144N7150 Terrace Dr

City

Menomonee Falls

State

WI

Zip Code

53051-0930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Director-Sales Mgt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-24265-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Tamara A Igunbor**

Mailing Address W144N7150 Terrace Dr

City

Menomonee Falls

State

WI

Zip Code

53051-0930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Director-Sales Mgt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-24224-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Crystal Jack**

Mailing Address 1171 Arroyo Grande Dr

City

Sacramento

State

CA

Zip Code

95864-2843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1508.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-24261-20-24**

Amount of Each Receipt this Period

116.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

216.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Crystal Jack

Mailing Address 1171 Arroyo Grande Dr

City State Zip Code  
Sacramento CA 95864-2843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1508.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : 20160613-24159-20-26**

Amount of Each Receipt this Period

116.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

### B. Crystal Jack

Mailing Address 1171 Arroyo Grande Dr

City State Zip Code  
Sacramento CA 95864-2843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1508.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 20160627-24120-20-24**

Amount of Each Receipt this Period

116.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

### C. John M Jacobs

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Managing Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : 20160530-2486-20-24**

Amount of Each Receipt this Period

35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

267.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John M Jacobs**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Managing Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-2478-20-26**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John M Jacobs**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Managing Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-2479-20-24**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Clifton S Jacobson**

Mailing Address 7034 Lakewood Blvd

City State Zip Code  
Dallas TX 75214-3558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-30367-20-24**

Amount of Each Receipt this Period

192.30

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

262.30

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Clifton S Jacobson**

Mailing Address 7034 Lakewood Blvd

City State Zip Code  
Dallas TX 75214-3558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : 20160613-30229-20-26**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Clifton S Jacobson**

Mailing Address 7034 Lakewood Blvd

City State Zip Code  
Dallas TX 75214-3558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 20160627-30160-20-24**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. William S Jameson**

Mailing Address 400 N Brand Blvd

City State Zip Code  
Glendale CA 91203-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Managing Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : 20160530-5589-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

409.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William S Jameson**

Mailing Address 400 N Brand Blvd

City

Glendale

State

CA

Zip Code

91203-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Managing Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-5572-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William S Jameson**

Mailing Address 400 N Brand Blvd

City

Glendale

State

CA

Zip Code

91203-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Managing Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-5573-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jeffrey A Johnson**

Mailing Address 6106 Bascom Dr

City

Summerfield

State

NC

Zip Code

27358-9119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-32834-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey A Johnson**

Mailing Address 6106 Bascom Dr

City

Summerfield

State

NC

Zip Code

27358-9119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-32679-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jeffrey A Johnson**

Mailing Address 6106 Bascom Dr

City

Summerfield

State

NC

Zip Code

27358-9119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-32597-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Nicole S Jones**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

EVP and General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-11405-20-24**

Amount of Each Receipt this Period

192.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

232.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Nicole S Jones**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

EVP and General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-11370-20-26**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Nicole S Jones**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

EVP and General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-11365-20-24**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Shadrach H Jones**

Mailing Address 2000 Park Lane Dr

City

Pittsburgh

State

PA

Zip Code

15275-1114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-23493-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

409.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Shadrach H Jones**

Mailing Address 2000 Park Lane Dr

City

Pittsburgh

State

PA

Zip Code

15275-1114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-23398-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Shadrach H Jones**

Mailing Address 2000 Park Lane Dr

City

Pittsburgh

State

PA

Zip Code

15275-1114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-23363-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Teresa R Jordan**

Mailing Address 2900 North Loop W

City

Houston

State

TX

Zip Code

77092-8841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Managing Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-29198-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Teresa R Jordan**

Mailing Address 2900 North Loop W

City

Houston

State

TX

Zip Code

77092-8841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Managing Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	6

**Transaction ID : 20160613-29066-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Teresa R Jordan**

Mailing Address 2900 North Loop W

City

Houston

State

TX

Zip Code

77092-8841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Managing Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

**Transaction ID : 20160627-28997-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Scott Josephs**

Mailing Address 701 Corporate Center Dr

City

Raleigh

State

NC

Zip Code

27607-5084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

VP Total Medical

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	6

**Transaction ID : 20160530-6084-20-24**

Amount of Each Receipt this Period

60.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

160.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Scott Josephs**

Mailing Address 701 Corporate Center Dr

City	State	Zip Code
Raleigh	NC	27607-5084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

VP Total Medical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-6065-20-26**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Scott Josephs**

Mailing Address 701 Corporate Center Dr

City	State	Zip Code
Raleigh	NC	27607-5084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

VP Total Medical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-6066-20-24**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jill C Kaleta**

Mailing Address 601 Pennsylvania Ave NW

City	State	Zip Code
Washington	DC	20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-25312-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

170.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jill C Kaleta**

Mailing Address 601 Pennsylvania Ave NW

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-25205-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jill C Kaleta**

Mailing Address 601 Pennsylvania Ave NW

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-25158-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Shankar Kalyanasundaram**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Financial Analysis Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-8863-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

125.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Shankar Kalyanasundaram**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Financial Analysis Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-8836-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Shankar Kalyanasundaram**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Financial Analysis Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-8831-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John P Keats**

Mailing Address 416 Rockfleet Rd

City

Timonium

State

MD

Zip Code

21093-7458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-19786-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John P Keats**

Mailing Address 416 Rockfleet Rd

City

Timonium

State

MD

Zip Code

21093-7458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-19713-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John P Keats**

Mailing Address 416 Rockfleet Rd

City

Timonium

State

MD

Zip Code

21093-7458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-19691-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Christopher H Keffer**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Network Opns Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.50

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-29157-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christopher H Keffer**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Network Opns Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.50

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-29026-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Christopher H Keffer**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Network Opns Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.50

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-28957-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Matthew S Kenyon**

Mailing Address 8484 Westpark Dr  
Ste 950

City

McLean

State

VA

Zip Code

22102-5147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-14167-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Matthew S Kenyon**

Mailing Address 8484 Westpark Dr  
Ste 950

City State Zip Code  
McLean VA 22102-5147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : 20160613-14127-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Matthew S Kenyon**

Mailing Address 8484 Westpark Dr  
Ste 950

City State Zip Code  
McLean VA 22102-5147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 20160627-14117-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Edward S Kim**

Mailing Address 25500 N Norterra Dr  
Bldg B

City State Zip Code  
Phoenix AZ 85085-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : 20160530-18704-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 138 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Edward S Kim**

Mailing Address 25500 N Norterra Dr  
Bldg B

City State Zip Code  
Phoenix AZ 85085-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

MM / DD / YYYY  
06 / 16 / 2016

**Transaction ID : 20160613-18639-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Edward S Kim**

Mailing Address 25500 N Norterra Dr  
Bldg B

City State Zip Code  
Phoenix AZ 85085-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2016

**Transaction ID : 20160627-18619-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Gary E Kirkner**

Mailing Address 89 Surfsong Rd

City State Zip Code  
Kiawah Island SC 29455-5756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AMERICA

Occupation

VP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1495.00

Date of Receipt

MM / DD / YYYY  
06 / 02 / 2016

**Transaction ID : 20160530-8272-20-24**

Amount of Each Receipt this Period

115.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

215.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Gary E Kirkner

Mailing Address 89 Surfsong Rd

City

Kiawah Island

State

SC

Zip Code

29455-5756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AMERICA

Occupation

VP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : 20160613-8249-20-26**

Amount of Each Receipt this Period

115.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

### B. Gary E Kirkner

Mailing Address 89 Surfsong Rd

City

Kiawah Island

State

SC

Zip Code

29455-5756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AMERICA

Occupation

VP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 20160627-8245-20-24**

Amount of Each Receipt this Period

115.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

### C. Kristinn K Klunkert

Mailing Address 2900 North Loop W

City

Houston

State

TX

Zip Code

77092-8841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Financial Analysis Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : 20160530-30437-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

330.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 OF 309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kristinn K Klunkert**

Mailing Address 2900 North Loop W

City State Zip Code  
Houston TX 77092-8841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Financial Analysis Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : 20160613-30299-20-26**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kristinn K Klunkert**

Mailing Address 2900 North Loop W

City State Zip Code  
Houston TX 77092-8841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Financial Analysis Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 20160627-30230-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. James Kucharczyk**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Strategic Sourcing Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : 20160530-18565-20-24**

Amount of Each Receipt this Period

80.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

280.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 141 OF 309

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James Kucharczyk**

Mailing Address 900 Cottage Grove Rd

City	State	Zip Code
Bloomfield	CT	06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Strategic Sourcing Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-18500-20-26**

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. James Kucharczyk**

Mailing Address 900 Cottage Grove Rd

City	State	Zip Code
Bloomfield	CT	06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Strategic Sourcing Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-18480-20-24**

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Diana L Kycia**

Mailing Address 900 Cottage Grove Rd

City	State	Zip Code
Bloomfield	CT	06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-819-20-24**

Amount of Each Receipt this Period

16.99

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

176.99

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 142 OF 309

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Edward F Laclair**

Mailing Address 53 Glenmaura National Blvd

City

Scranton

State

PA

Zip Code

18507-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-1698-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Edward F Laclair**

Mailing Address 53 Glenmaura National Blvd

City

Scranton

State

PA

Zip Code

18507-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-1694-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Edward F Laclair**

Mailing Address 53 Glenmaura National Blvd

City

Scranton

State

PA

Zip Code

18507-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-1695-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 OF 309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kenneth P Langevin**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Assoc Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-1208-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kenneth P Langevin**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Assoc Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-1204-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kenneth P Langevin**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Assoc Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-1204-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 OF 309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. R Lara

Mailing Address 25600 N Norterra Dr  
Bldg A

City State Zip Code  
Phoenix AZ 85085-8201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : 20160530-2429-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. R Lara

Mailing Address 25600 N Norterra Dr  
Bldg A

City State Zip Code  
Phoenix AZ 85085-8201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : 20160613-2421-20-26

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. R Lara

Mailing Address 25600 N Norterra Dr  
Bldg A

City State Zip Code  
Phoenix AZ 85085-8201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : 20160627-2422-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 145 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Amy C Lazzaro**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-20528-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Amy C Lazzaro**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-20452-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Amy C Lazzaro**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-20427-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 146 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bryan Lees**

Mailing Address 3 Waterside Xing

City Windsor State CT Zip Code 06095-1561

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Technical Support Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-17273-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bryan Lees**

Mailing Address 3 Waterside Xing

City Windsor State CT Zip Code 06095-1561

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Technical Support Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-17220-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bryan Lees**

Mailing Address 3 Waterside Xing

City Windsor State CT Zip Code 06095-1561

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Technical Support Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-17203-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 147 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thulani M Legrier**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Project Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.60

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-27262-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Thulani M Legrier**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Project Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.60

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-27144-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Thulani M Legrier**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Project Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.60

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-27085-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 148 OF 309

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robyn Leland**

Mailing Address 2208 Highway 121

City	State	Zip Code
Bedford	TX	76021-5981

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-29082-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Robyn Leland**

Mailing Address 2208 Highway 121

City	State	Zip Code
Bedford	TX	76021-5981

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-28951-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Robyn Leland**

Mailing Address 2208 Highway 121

City	State	Zip Code
Bedford	TX	76021-5981

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-28882-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 149 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Gary Levenbach**

Mailing Address 300 Bellevue Pkwy  
Ste 101

City State Zip Code  
Wilmington DE 19809-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Actuarial Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : 20160530-8597-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Gary Levenbach**

Mailing Address 300 Bellevue Pkwy  
Ste 101

City State Zip Code  
Wilmington DE 19809-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Actuarial Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : 20160613-8573-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Gary Levenbach**

Mailing Address 300 Bellevue Pkwy  
Ste 101

City State Zip Code  
Wilmington DE 19809-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Actuarial Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 20160627-8568-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 OF 309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher J Lockery

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Information Protection Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : 20160530-9148-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher J Lockery

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Information Protection Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : 20160613-9120-20-26

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Christopher J Lockery

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Information Protection Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : 20160627-9115-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jane E Loftus**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

Human Resources Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-12886-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jane E Loftus**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

Human Resources Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-12849-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jane E Loftus**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

Human Resources Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-12839-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William M Lopez**

Mailing Address 1006 Columbine Rd

City

Asheville

State

NC

Zip Code

28803-1951

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-11117-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William M Lopez**

Mailing Address 1006 Columbine Rd

City

Asheville

State

NC

Zip Code

28803-1951

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-11084-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. William M Lopez**

Mailing Address 1006 Columbine Rd

City

Asheville

State

NC

Zip Code

28803-1951

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-11078-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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PAGE 153 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Scott A Macchi**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Business IT Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-732-20-24**

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Scott A Macchi**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Business IT Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-730-20-26**

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Scott A Macchi**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Business IT Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-730-20-24**

Amount of Each Receipt this Period

55.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kenneth Malley**

Mailing Address 764 W Saddle River Rd

City

Ho Ho Kus

State

NJ

Zip Code

07423-1645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Marketing Product Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-25018-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kenneth Malley**

Mailing Address 764 W Saddle River Rd

City

Ho Ho Kus

State

NJ

Zip Code

07423-1645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Marketing Product Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-24912-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kenneth Malley**

Mailing Address 764 W Saddle River Rd

City

Ho Ho Kus

State

NJ

Zip Code

07423-1645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Marketing Product Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-24868-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. A. Maltby**

Mailing Address 300 Bellevue Pkwy  
Ste 101

City State Zip Code  
Wilmington DE 19809-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : 20160530-17618-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. A. Maltby**

Mailing Address 300 Bellevue Pkwy  
Ste 101

City State Zip Code  
Wilmington DE 19809-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : 20160613-17563-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. A. Maltby**

Mailing Address 300 Bellevue Pkwy  
Ste 101

City State Zip Code  
Wilmington DE 19809-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 20160627-17546-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Matthew G Manders**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Pres US Mkts &amp; Global HC Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-1849-20-24**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Matthew G Manders**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Pres US Mkts &amp; Global HC Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-1845-20-26**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Matthew G Manders**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Pres US Mkts &amp; Global HC Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-1846-20-24**

Amount of Each Receipt this Period

192.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

576.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Carla C Mangiafico**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Accounting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-239-20-24**

Amount of Each Receipt this Period

19.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Carla C Mangiafico**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Accounting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-239-20-26**

Amount of Each Receipt this Period

19.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Carla C Mangiafico**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Accounting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-239-20-24**

Amount of Each Receipt this Period

19.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Mark P Marsters**

Mailing Address 1601 Chestnut St  
# 2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
VP Service Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-8985-20-24**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Mark P Marsters**

Mailing Address 1601 Chestnut St  
# 2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
VP Service Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-8958-20-26**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Mark P Marsters**

Mailing Address 1601 Chestnut St  
# 2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
VP Service Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-8953-20-24**

Amount of Each Receipt this Period

125.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas J Martel**

Mailing Address 2223 Washington St

City

Newton

State

MA

Zip Code

02462-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

RVP Segment Lead

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-8722-20-24**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Thomas J Martel**

Mailing Address 2223 Washington St

City

Newton

State

MA

Zip Code

02462-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

RVP Segment Lead

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-8698-20-26**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Thomas J Martel**

Mailing Address 2223 Washington St

City

Newton

State

MA

Zip Code

02462-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

RVP Segment Lead

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-8693-20-24**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tim May**Mailing Address 1601 Chestnut St  
# 2

City	State	Zip Code
Philadelphia	PA	19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA INTERNATIONAL SVCS., INC

Occupation

Compensation Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-6251-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Tim May**Mailing Address 1601 Chestnut St  
# 2

City	State	Zip Code
Philadelphia	PA	19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA INTERNATIONAL SVCS., INC

Occupation

Compensation Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-6232-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Tim May**Mailing Address 1601 Chestnut St  
# 2

City	State	Zip Code
Philadelphia	PA	19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA INTERNATIONAL SVCS., INC

Occupation

Compensation Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-6233-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

150.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Louise M McCagg**

Mailing Address 3601 Odonnell St

City

Baltimore

State

MD

Zip Code

21224-5238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

App Development Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-29136-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Louise M McCagg**

Mailing Address 3601 Odonnell St

City

Baltimore

State

MD

Zip Code

21224-5238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

App Development Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-29005-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Louise M McCagg**

Mailing Address 3601 Odonnell St

City

Baltimore

State

MD

Zip Code

21224-5238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

App Development Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-28936-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Julie A McCarter**

Mailing Address 8505 E Orchard Rd

City

Greenwood Village

State

CO

Zip Code

80111-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Marketing Product Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-14327-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Julie A McCarter**

Mailing Address 8505 E Orchard Rd

City

Greenwood Village

State

CO

Zip Code

80111-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Marketing Product Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-14285-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Julie A McCarter**

Mailing Address 8505 E Orchard Rd

City

Greenwood Village

State

CO

Zip Code

80111-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Marketing Product Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-14276-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Elaine McCarthy**

Mailing Address 300 Bellevue Pkwy  
Ste 101

City State Zip Code  
Wilmington DE 19809-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
Segment Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : 20160530-2181-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Elaine McCarthy**

Mailing Address 300 Bellevue Pkwy  
Ste 101

City State Zip Code  
Wilmington DE 19809-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
Segment Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : 20160613-2173-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Elaine McCarthy**

Mailing Address 300 Bellevue Pkwy  
Ste 101

City State Zip Code  
Wilmington DE 19809-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
Segment Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 20160627-2174-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas A McCarthy**Mailing Address 1601 Chestnut St  
# 2

City	State	Zip Code
Philadelphia	PA	19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

EVP CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-8307-20-24**

Amount of Each Receipt this Period

185.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Thomas A McCarthy**Mailing Address 1601 Chestnut St  
# 2

City	State	Zip Code
Philadelphia	PA	19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

EVP CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-8283-20-26**

Amount of Each Receipt this Period

185.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Thomas A McCarthy**Mailing Address 1601 Chestnut St  
# 2

City	State	Zip Code
Philadelphia	PA	19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

EVP CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-8279-20-24**

Amount of Each Receipt this Period

185.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

555.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Peter W McCauley**

Mailing Address 525 W Monroe St

City

Chicago

State

IL

Zip Code

60661-3629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-17002-20-24**

Amount of Each Receipt this Period

22.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Peter W McCauley**

Mailing Address 525 W Monroe St

City

Chicago

State

IL

Zip Code

60661-3629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-16950-20-26**

Amount of Each Receipt this Period

22.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Peter W McCauley**

Mailing Address 525 W Monroe St

City

Chicago

State

IL

Zip Code

60661-3629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-16934-20-24**

Amount of Each Receipt this Period

22.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

66.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David J McDonald**

Mailing Address 2 College Park Dr

City

Hooksett

State

NH

Zip Code

03106-1636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

IT Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-19697-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David J McDonald**

Mailing Address 2 College Park Dr

City

Hooksett

State

NH

Zip Code

03106-1636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

IT Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-19624-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David J McDonald**

Mailing Address 2 College Park Dr

City

Hooksett

State

NH

Zip Code

03106-1636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

IT Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-19602-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William L McDowell**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
VP Investor Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-7606-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William L McDowell**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
VP Investor Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-7587-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. William L McDowell**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
VP Investor Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-7584-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sheila McGinley-Graziosi**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-1264-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sheila McGinley-Graziosi**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-1260-20-26**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Sheila McGinley-Graziosi**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-1260-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kayla McKenzie-Small**

Mailing Address 3 Huntington Quad

City State Zip Code  
 Melville NY 11747-4602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-9190-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kayla McKenzie-Small**

Mailing Address 3 Huntington Quad

City State Zip Code  
 Melville NY 11747-4602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-9162-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kayla McKenzie-Small**

Mailing Address 3 Huntington Quad

City State Zip Code  
 Melville NY 11747-4602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-9157-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael T McKinney**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Strategic Sourcing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	6

**Transaction ID : 20160530-9920-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael T McKinney**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Strategic Sourcing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	6

**Transaction ID : 20160613-9888-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael T McKinney**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Strategic Sourcing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

**Transaction ID : 20160627-9882-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Susan E McMurray**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Accounting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-419-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Susan E McMurray**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Accounting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-418-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Susan E McMurray**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Accounting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-418-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 OF 309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Marta Meester**

Mailing Address 3636 Nobel Dr

City State Zip Code  
 San Diego CA 92122-1022

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Cigna HEALTHCARE OF CA, INC.

Occupation  
 Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 20160530-5556-20-24

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Marta Meester**

Mailing Address 3636 Nobel Dr

City State Zip Code  
 San Diego CA 92122-1022

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Cigna HEALTHCARE OF CA, INC.

Occupation  
 Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : 20160613-5539-20-26

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Marta Meester**

Mailing Address 3636 Nobel Dr

City State Zip Code  
 San Diego CA 92122-1022

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Cigna HEALTHCARE OF CA, INC.

Occupation  
 Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : 20160627-5540-20-24

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 OF 309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Richard P Merski**

Mailing Address 601 Pennsylvania Ave NW

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : 20160530-25306-20-24

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Richard P Merski**

Mailing Address 601 Pennsylvania Ave NW

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : 20160613-25199-20-26

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Richard P Merski**

Mailing Address 601 Pennsylvania Ave NW

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : 20160627-25152-20-24

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory J Miller

Mailing Address 9450 Norwood Dr

City

Brentwood

State

TN

Zip Code

37027-8657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Market Manager

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : 20160530-29169-20-24

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gregory J Miller

Mailing Address 9450 Norwood Dr

City

Brentwood

State

TN

Zip Code

37027-8657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Market Manager

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : 20160613-29038-20-26

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Gregory J Miller

Mailing Address 9450 Norwood Dr

City

Brentwood

State

TN

Zip Code

37027-8657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Market Manager

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : 20160627-28969-20-24

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven Mintz**

Mailing Address 3124 Matoma Circle

City State Zip Code  
 Thompson Station TN 37179

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : 20160530-17339-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Steven Mintz**

Mailing Address 3124 Matoma Circle

City State Zip Code  
 Thompson Station TN 37179

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

**Transaction ID : 20160613-17286-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Steven Mintz**

Mailing Address 3124 Matoma Circle

City State Zip Code  
 Thompson Station TN 37179

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : 20160627-17269-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 176 OF 309  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Laura Minzer**

Mailing Address 2570 Tozer Rd

City

Springfield

State

IL

Zip Code

62707-2651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-23854-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Morris D Mirabella**

Mailing Address 2701 N Rocky Point Dr

City

Tampa

State

FL

Zip Code

33607-5917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-5865-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Morris D Mirabella**

Mailing Address 2701 N Rocky Point Dr

City

Tampa

State

FL

Zip Code

33607-5917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-5847-20-26**

Amount of Each Receipt this Period

75.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

200.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Morris D Mirabella**

Mailing Address 2701 N Rocky Point Dr

City  
Tampa

State  
FL

Zip Code  
33607-5917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-5848-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kymberly P Miranda**

Mailing Address 520 SE 5th Ave

City

Fort Lauderdale

State

FL

Zip Code

33301-2932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Account Manager-National Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-3996-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Kymberly P Miranda**

Mailing Address 520 SE 5th Ave

City

Fort Lauderdale

State

FL

Zip Code

33301-2932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Account Manager-National Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-3986-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Kymberly P Miranda**

Mailing Address 520 SE 5th Ave

City

Fort Lauderdale

State

FL

Zip Code

33301-2932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Account Manager-National Accts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-3987-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Frank A Monahan**

Mailing Address 7400 W 110th St

City

Overland Park

State

KS

Zip Code

66210-2358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-9916-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Frank A Monahan**

Mailing Address 7400 W 110th St

City

Overland Park

State

KS

Zip Code

66210-2358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-9885-20-26**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Frank A Monahan**

Mailing Address 7400 W 110th St

City

Overland Park

State

KS

Zip Code

66210-2358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

General Manager

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				3	0		2	0	1	6		

**Transaction ID : 20160627-9879-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Melanie N Monchick**

Mailing Address 701 Corporate Center Dr

City

Raleigh

State

NC

Zip Code

27607-5084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INT'L REHAB. ASSOCIATES, INC.

Occupation

Clinical Program Director

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				0	2		2	0	1	6		

**Transaction ID : 20160530-5622-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Melanie N Monchick**

Mailing Address 701 Corporate Center Dr

City

Raleigh

State

NC

Zip Code

27607-5084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INT'L REHAB. ASSOCIATES, INC.

Occupation

Clinical Program Director

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				1	6		2	0	1	6		

**Transaction ID : 20160613-5605-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

200.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Melanie N Monchick**

Mailing Address 701 Corporate Center Dr

City

Raleigh

State

NC

Zip Code

27607-5084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INT'L REHAB. ASSOCIATES, INC.

Occupation

Clinical Program Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-5606-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael W Moran**

Mailing Address 525 W Monroe St

City

Chicago

State

IL

Zip Code

60661-3629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-16238-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael W Moran**

Mailing Address 525 W Monroe St

City

Chicago

State

IL

Zip Code

60661-3629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-16190-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael W Moran**

Mailing Address 525 W Monroe St

City

Chicago

State

IL

Zip Code

60661-3629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-16176-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Matthew S Morris**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Healthspring

Occupation

VP Segment Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1536.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-29160-20-24**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Matthew S Morris**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Healthspring

Occupation

VP Segment Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1536.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-29029-20-26**

Amount of Each Receipt this Period

192.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

434.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Matthew S Morris**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Healthspring

Occupation

VP Segment Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1536.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-28960-20-24**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jennifer R Motta**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Development Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-20055-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jennifer R Motta**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Development Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-19981-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

242.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jennifer R Motta**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Development Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-19957-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Eric C Motter**

Mailing Address 1401 Spanish Trail Ct

City

Blacklick

State

OH

Zip Code

43004-9803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Market Insight Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-7349-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Eric C Motter**

Mailing Address 1401 Spanish Trail Ct

City

Blacklick

State

OH

Zip Code

43004-9803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Market Insight Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-7331-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Eric C Motter**

Mailing Address 1401 Spanish Trail Ct

City State Zip Code  
 Blacklick OH 43004-9803

FEC ID number of contributing federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Market Insight Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : 20160627-7329-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Alan M Muney**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Total Med/Chief Med Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 20160530-16780-20-24

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Alan M Muney**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Total Med/Chief Med Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : 20160613-16729-20-26

Amount of Each Receipt this Period

175.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Alan M Muney**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Total Med/Chief Med Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2275.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-16714-20-24**

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. John M Murabito**

Mailing Address 1601 Chestnut St  
 # 2

City State Zip Code  
 Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

EVP Human Resources & Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2002.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-9242-20-24**

Amount of Each Receipt this Period

154.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. John M Murabito**

Mailing Address 1601 Chestnut St  
 # 2

City State Zip Code  
 Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

EVP Human Resources & Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2002.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-9214-20-26**

Amount of Each Receipt this Period

154.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

483.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John M Murabito**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

EVP Human Resources & Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2002.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-9209-20-24**

Amount of Each Receipt this Period

154.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Noreen Nageotte**

Mailing Address 28205 W Oviatt Rd

City State Zip Code  
Bay Village OH 44140-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-6298-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Noreen Nageotte**

Mailing Address 28205 W Oviatt Rd

City State Zip Code  
Bay Village OH 44140-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-6279-20-26**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

354.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Noreen Nageotte**

Mailing Address 28205 W Oviatt Rd

City	State	Zip Code
Bay Village	OH	44140-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE COOccupation  
Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2016			

**Transaction ID : 20160627-6280-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Manish Naik**

Mailing Address 2066 Madrillon Rd

City	State	Zip Code
Vienna	VA	22182-3723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cigna Corp.Occupation  
Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			02			2016			

**Transaction ID : 20160530-19241-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Manish Naik**

Mailing Address 2066 Madrillon Rd

City	State	Zip Code
Vienna	VA	22182-3723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cigna Corp.Occupation  
Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			16			2016			

**Transaction ID : 20160613-19172-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Manish Naik**

Mailing Address 2066 Madrillon Rd

City State Zip Code  
 Vienna VA 22182-3723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : 20160627-19151-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Laurinda M Newell**

Mailing Address 26 Executive Park

City State Zip Code  
 Irvine CA 92614-6739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : 20160530-9078-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Laurinda M Newell**

Mailing Address 26 Executive Park

City State Zip Code  
 Irvine CA 92614-6739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

**Transaction ID : 20160613-9050-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Laurinda M Newell**

Mailing Address 26 Executive Park

City	State	Zip Code
Irvine	CA	92614-6739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE COOccupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-9045-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Daniel Nicoll**

Mailing Address 3 Huntington Quad

City	State	Zip Code
Melville	NY	11747-4602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE COOccupation  
Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.09

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-1762-20-24**

Amount of Each Receipt this Period

26.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Daniel Nicoll**

Mailing Address 3 Huntington Quad

City	State	Zip Code
Melville	NY	11747-4602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE COOccupation  
Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.09

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-1758-20-26**

Amount of Each Receipt this Period

26.93

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

103.86

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Daniel Nicoll**

Mailing Address 3 Huntington Quad

City	State	Zip Code
Melville	NY	11747-4602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE COOccupation  
Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.09

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-1759-20-24**

Amount of Each Receipt this Period

26.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael T Nole**

Mailing Address 1571 Sawgrass Corporate Pkwy

City	State	Zip Code
Sunrise	FL	33323-2862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cigna Corp.Occupation  
Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-15944-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael T Nole**

Mailing Address 1571 Sawgrass Corporate Pkwy

City	State	Zip Code
Sunrise	FL	33323-2862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cigna Corp.Occupation  
Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-15899-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

126.93

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael T Nole**

Mailing Address 1571 Sawgrass Corporate Pkwy

City State Zip Code  
 Sunrise FL 33323-2862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-15885-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Richard S Novack**

Mailing Address 3500 Piedmont Rd NE

City State Zip Code  
 Atlanta GA 30305-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-15802-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Richard S Novack**

Mailing Address 3500 Piedmont Rd NE

City State Zip Code  
 Atlanta GA 30305-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-15757-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard S Novack**

Mailing Address 3500 Piedmont Rd NE

City State Zip Code  
 Atlanta GA 30305-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : 20160627-15745-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Eliana M Nunez**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operating Effectiveness Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : 20160530-1073-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Eliana M Nunez**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operating Effectiveness Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

**Transaction ID : 20160613-1069-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eliana M Nunez**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State Zip Code  
CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Operating Effectiveness Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-1069-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William J O'Donnell**

Mailing Address 44 Whippany Rd

City  
Morristown

State Zip Code  
NJ 07960-4558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cigna Corp.

Occupation  
Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-14436-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. William J O'Donnell**

Mailing Address 44 Whippany Rd

City  
Morristown

State Zip Code  
NJ 07960-4558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cigna Corp.

Occupation  
Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-14394-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William J O'Donnell**

Mailing Address 44 Whippany Rd

City

Morristown

State

NJ

Zip Code

07960-4558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Provider Contracting Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-14385-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John Oates**

Mailing Address 1701 Patterson Rd

City

Austin

State

TX

Zip Code

78733-6500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Government Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-11347-20-24**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. John Oates**

Mailing Address 1701 Patterson Rd

City

Austin

State

TX

Zip Code

78733-6500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Government Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-11312-20-26**

Amount of Each Receipt this Period

192.30

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

404.60

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Oates**

Mailing Address 1701 Patterson Rd

City

Austin

State

TX

Zip Code

78733-6500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Government Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-11307-20-24**

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lester Keith Osborne**

Mailing Address 13759 E Paradise Dr

City

Scottsdale

State

AZ

Zip Code

85259-3709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Medical Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-5917-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lester Keith Osborne**

Mailing Address 13759 E Paradise Dr

City

Scottsdale

State

AZ

Zip Code

85259-3709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Medical Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-5899-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

292.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lester Keith Osborne**

Mailing Address 13759 E Paradise Dr

City

Scottsdale

State

AZ

Zip Code

85259-3709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-5900-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Brian C Ough**

Mailing Address 25500 N Norterra Dr  
Bldg B

City

Phoenix

State

AZ

Zip Code

85085-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AMERICA

Occupation

Financial Analysis Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-7117-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Brian C Ough**

Mailing Address 25500 N Norterra Dr  
Bldg B

City

Phoenix

State

AZ

Zip Code

85085-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AMERICA

Occupation

Financial Analysis Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-7099-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brian C Ough**

Mailing Address 25500 N Norterra Dr  
Bldg B

City State Zip Code  
Phoenix AZ 85085-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
Financial Analysis Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-7098-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Katherine Overbye**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Underwriting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-1246-20-24**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Katherine Overbye**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Underwriting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-1242-20-26**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

85.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Katherine Overbye**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State Zip Code  
CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Underwriting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 20160627-1242-20-24**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Michele Paige**

Mailing Address 12 Millbrook Ct

City  
Livingston

State Zip Code  
NJ 07039-2732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cigna Corp.

Occupation  
Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : 20160530-21928-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **c. Michele Paige**

Mailing Address 12 Millbrook Ct

City  
Livingston

State Zip Code  
NJ 07039-2732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cigna Corp.

Occupation  
Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : 20160613-21842-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 199 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Michele Paige**

Mailing Address 12 Millbrook Ct

City  
Livingston

State  
NJ

Zip Code  
07039-2732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-21813-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Eric P Palmer**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State  
CT

Zip Code  
06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

SVP Bus Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-5115-20-24**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Eric P Palmer**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State  
CT

Zip Code  
06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

SVP Bus Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-5103-20-26**

Amount of Each Receipt this Period

192.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

434.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eric P Palmer**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

SVP Bus Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-5103-20-24**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Karen R Palmersheim**

Mailing Address 400 N Brand Blvd

City State Zip Code  
 Glendale CA 91203-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-28348-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Karen R Palmersheim**

Mailing Address 400 N Brand Blvd

City State Zip Code  
 Glendale CA 91203-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-28283-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

232.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffery P Panter**

Mailing Address 7555 Goodwin Rd

City

Chattanooga

State

TN

Zip Code

37421-3183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Strategic Sourcing Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-4219-20-24**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jeffery P Panter**

Mailing Address 7555 Goodwin Rd

City

Chattanooga

State

TN

Zip Code

37421-3183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Strategic Sourcing Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-4208-20-26**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jeffery P Panter**

Mailing Address 7555 Goodwin Rd

City

Chattanooga

State

TN

Zip Code

37421-3183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Strategic Sourcing Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-4208-20-24**

Amount of Each Receipt this Period

35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

105.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christian C Paoletti**

Mailing Address 1571 Sawgrass Corporate Pkwy

City	State	Zip Code
Sunrise	FL	33323-2862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AMERICA

Occupation

Financial Analysis Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-8807-20-24**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Christian C Paoletti**

Mailing Address 1571 Sawgrass Corporate Pkwy

City	State	Zip Code
Sunrise	FL	33323-2862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AMERICA

Occupation

Financial Analysis Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-8781-20-26**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Christian C Paoletti**

Mailing Address 1571 Sawgrass Corporate Pkwy

City	State	Zip Code
Sunrise	FL	33323-2862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AMERICA

Occupation

Financial Analysis Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-8776-20-24**

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Mark A Parsons**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 SVP Reinsurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 20160530-398-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mark A Parsons**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 SVP Reinsurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : 20160613-397-20-26

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mark A Parsons**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 SVP Reinsurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : 20160627-397-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Allen C Perez**

Mailing Address 2900 North Loop W

City

Houston

State

TX

Zip Code

77092-8841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Developmt Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-30419-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Allen C Perez**

Mailing Address 2900 North Loop W

City

Houston

State

TX

Zip Code

77092-8841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Developmt Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-30281-20-26**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Allen C Perez**

Mailing Address 2900 North Loop W

City

Houston

State

TX

Zip Code

77092-8841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Developmt Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-30212-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David C Peterson**

Mailing Address 913 Woodhill Cir

City

Watertown

State

MN

Zip Code

55388-9267

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

IT Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-5019-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David C Peterson**

Mailing Address 913 Woodhill Cir

City

Watertown

State

MN

Zip Code

55388-9267

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

IT Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-5007-20-26**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David C Peterson**

Mailing Address 913 Woodhill Cir

City

Watertown

State

MN

Zip Code

55388-9267

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

IT Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-5007-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Heather R Peterson**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Financial Analysis Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : 20160530-29286-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Heather R Peterson**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Financial Analysis Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : 20160613-29154-20-26

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Heather R Peterson**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Financial Analysis Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : 20160627-29085-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Danthu T Phan**

Mailing Address 1601 Chestnut St  
# 2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-10002-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Danthu T Phan**

Mailing Address 1601 Chestnut St  
# 2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-9970-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Danthu T Phan**

Mailing Address 1601 Chestnut St  
# 2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-9964-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas M Philibotte

Mailing Address 7555 Goodwin Rd

City

Chattanooga

State

TN

Zip Code

37421-3183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : 20160530-15-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas M Philibotte

Mailing Address 7555 Goodwin Rd

City

Chattanooga

State

TN

Zip Code

37421-3183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : 20160613-15-20-26

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas M Philibotte

Mailing Address 7555 Goodwin Rd

City

Chattanooga

State

TN

Zip Code

37421-3183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : 20160627-15-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Michael J Phillips**

Mailing Address 525 W Monroe St

City State Zip Code  
 Chicago IL 60661-3629

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 20160530-24113-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael J Phillips**

Mailing Address 525 W Monroe St

City State Zip Code  
 Chicago IL 60661-3629

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : 20160613-24011-20-26

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael J Phillips**

Mailing Address 525 W Monroe St

City State Zip Code  
 Chicago IL 60661-3629

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : 20160627-23973-20-24

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ena Pierce**

Mailing Address 5206 Downing Rd

City

Baltimore

State

MD

Zip Code

21212-4114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-29118-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ena Pierce**

Mailing Address 5206 Downing Rd

City

Baltimore

State

MD

Zip Code

21212-4114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-28987-20-26**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ena Pierce**

Mailing Address 5206 Downing Rd

City

Baltimore

State

MD

Zip Code

21212-4114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-28918-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeremiah Pierson**

Mailing Address 317 Spy Glass Hill Rd

City State Zip Code  
 Bath PA 18014-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Architecture Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-21007-20-24**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jeremiah Pierson**

Mailing Address 317 Spy Glass Hill Rd

City State Zip Code  
 Bath PA 18014-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Architecture Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-20925-20-26**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jeremiah Pierson**

Mailing Address 317 Spy Glass Hill Rd

City State Zip Code  
 Bath PA 18014-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Architecture Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-20898-20-24**

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Charles C Pitts**

Mailing Address 11016 Rushmore Dr

City

Charlotte

State

NC

Zip Code

28277-3474

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-11513-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Charles C Pitts**

Mailing Address 11016 Rushmore Dr

City

Charlotte

State

NC

Zip Code

28277-3474

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-11478-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Charles C Pitts**

Mailing Address 11016 Rushmore Dr

City

Charlotte

State

NC

Zip Code

28277-3474

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-11472-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John C Prather**

Mailing Address 25500 N Norterra Dr  
Bldg B

City State Zip Code  
Phoenix AZ 85085-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Financial Analysis Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-7421-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John C Prather**

Mailing Address 25500 N Norterra Dr  
Bldg B

City State Zip Code  
Phoenix AZ 85085-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Financial Analysis Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-7402-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. John C Prather**

Mailing Address 25500 N Norterra Dr  
Bldg B

City State Zip Code  
Phoenix AZ 85085-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Financial Analysis Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-7399-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Philip Rabinowitz**

Mailing Address 3000 Park Lane Dr

City State Zip Code  
Pittsburgh PA 15275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-10728-20-24**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Philip Rabinowitz**

Mailing Address 3000 Park Lane Dr

City State Zip Code  
Pittsburgh PA 15275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-10695-20-26**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Philip Rabinowitz**

Mailing Address 3000 Park Lane Dr

City State Zip Code  
Pittsburgh PA 15275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-10689-20-24**

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David T Raccagni**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-6110-20-24**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David T Raccagni**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-6091-20-26**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David T Raccagni**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-6092-20-24**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Edward J Rado**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business IT Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-15541-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Edward J Rado**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business IT Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-15495-20-26**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Edward J Rado**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business IT Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-15484-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eugene J Rapisardi**

Mailing Address 400 N Brand Blvd

City

Glendale

State

CA

Zip Code

91203-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-13522-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Eugene J Rapisardi**

Mailing Address 400 N Brand Blvd

City

Glendale

State

CA

Zip Code

91203-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-13481-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Eugene J Rapisardi**

Mailing Address 400 N Brand Blvd

City

Glendale

State

CA

Zip Code

91203-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-13471-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William J Reedy**

Mailing Address 1840 S Stapley Dr

City

Mesa

State

AZ

Zip Code

85204-6681

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna HEALTHCARE OF AZ, INC

Occupation

Urgent Care Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-5059-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William J Reedy**

Mailing Address 1840 S Stapley Dr

City

Mesa

State

AZ

Zip Code

85204-6681

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna HEALTHCARE OF AZ, INC

Occupation

Urgent Care Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-5047-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. William J Reedy**

Mailing Address 1840 S Stapley Dr

City

Mesa

State

AZ

Zip Code

85204-6681

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna HEALTHCARE OF AZ, INC

Occupation

Urgent Care Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-5047-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andrew W Reeves**

Mailing Address 3500 Piedmont Rd NE

City State Zip Code  
 Atlanta GA 30305-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-12684-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Andrew W Reeves**

Mailing Address 3500 Piedmont Rd NE

City State Zip Code  
 Atlanta GA 30305-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-12646-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Andrew W Reeves**

Mailing Address 3500 Piedmont Rd NE

City State Zip Code  
 Atlanta GA 30305-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-12636-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kimberly A Richards**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Account Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.25

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-10478-20-24**

Amount of Each Receipt this Period

19.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kimberly A Richards**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Account Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.25

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-10445-20-26**

Amount of Each Receipt this Period

19.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kimberly A Richards**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Account Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.25

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-10438-20-24**

Amount of Each Receipt this Period

19.25

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas B Richards**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

VP Strategy and Bus Developmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-580-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Thomas B Richards**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

VP Strategy and Bus Developmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-578-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Thomas B Richards**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

VP Strategy and Bus Developmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-578-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey T Rigg**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Internal Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1525.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-18402-20-24**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jeffrey T Rigg**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Internal Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1525.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-18339-20-26**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Jeffrey T Rigg**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Internal Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1525.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-18321-20-24**

Amount of Each Receipt this Period

125.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Catherine M Riley**

Mailing Address 4000 Faber Place Dr

City State Zip Code  
Charleston SC 29405-8585

FEC ID number of contributing federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : 20160530-1820-20-24

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Catherine M Riley**

Mailing Address 4000 Faber Place Dr

City State Zip Code  
Charleston SC 29405-8585

FEC ID number of contributing federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : 20160613-1816-20-26

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Catherine M Riley**

Mailing Address 4000 Faber Place Dr

City State Zip Code  
Charleston SC 29405-8585

FEC ID number of contributing federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : 20160627-1817-20-24

Amount of Each Receipt this Period

55.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

165.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Cathryn Riley**

Mailing Address 25500 N Norterra Dr  
Bldg B

City State Zip Code  
Phoenix AZ 85085-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Clinical Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-15836-20-24**

Amount of Each Receipt this Period

21.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Kevin L Ritchie**

Mailing Address 140 E 45th St

City State Zip Code  
New York NY 10017-3144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Manager Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-738-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Kevin L Ritchie**

Mailing Address 140 E 45th St

City State Zip Code  
New York NY 10017-3144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Manager Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-736-20-26**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

171.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kevin L Ritchie**

Mailing Address 140 E 45th St

City  
New York

State Zip Code  
NY 10017-3144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Manager Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 20160627-736-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. James Robinson**

Mailing Address 9 Griffin Rd N

City  
Windsor

State Zip Code  
CT 06095-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Infrastructure Engineer Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : 20160530-283-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. James Robinson**

Mailing Address 9 Griffin Rd N

City  
Windsor

State Zip Code  
CT 06095-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Infrastructure Engineer Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : 20160613-283-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James Robinson**

Mailing Address 9 Griffin Rd N

City  
WindsorState  
CTZip Code  
06095-1512FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Infrastructure Engineer Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-283-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John F Roche**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Comm Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-23189-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John F Roche**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Comm Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-23094-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John F Roche**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Comm Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-23059-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ruth T Rose**

Mailing Address 3408 Nottingham Rd

City

Westminster

State

MD

Zip Code

21157-8304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business IT Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-23182-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ruth T Rose**

Mailing Address 3408 Nottingham Rd

City

Westminster

State

MD

Zip Code

21157-8304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business IT Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-23087-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ruth T Rose**

Mailing Address 3408 Nottingham Rd

City

Westminster

State

MD

Zip Code

21157-8304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business IT Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-23052-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John Rottkamp**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

VP Enterprise Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1475.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-1658-20-24**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. John Rottkamp**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

VP Enterprise Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1475.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-1654-20-26**

Amount of Each Receipt this Period

125.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Rottkamp**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 VP Enterprise Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1475.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-1655-20-24**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David A Russell**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Cigna Corp.

Occupation  
 Actuarial Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-1669-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David A Russell**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Cigna Corp.

Occupation  
 Actuarial Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-1670-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cynthia Ryan**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State Zip Code  
CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
VP Talent Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-1470-20-24**

Amount of Each Receipt this Period

77.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Cynthia Ryan**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State Zip Code  
CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
VP Talent Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-1466-20-26**

Amount of Each Receipt this Period

77.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cynthia Ryan**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State Zip Code  
CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
VP Talent Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-1467-20-24**

Amount of Each Receipt this Period

77.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

231.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James J Saad**

Mailing Address 1640 Dallas Pkwy

City State Zip Code  
 Plano TX 75093-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : 20160530-10977-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. James J Saad**

Mailing Address 1640 Dallas Pkwy

City State Zip Code  
 Plano TX 75093-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

**Transaction ID : 20160613-10944-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. James J Saad**

Mailing Address 1640 Dallas Pkwy

City State Zip Code  
 Plano TX 75093-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : 20160627-10938-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard B Salmon**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-1692-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Richard B Salmon**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-1688-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Richard B Salmon**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-1689-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jon L Sandberg**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Comm Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-20331-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jon L Sandberg**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Comm Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-20255-20-26**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Jon L Sandberg**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business Comm Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-20230-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paul A Sanford**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State Zip Code  
CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
VP Operating Effectiveness

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-7132-20-24**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Paul A Sanford**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State Zip Code  
CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
VP Operating Effectiveness

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-7114-20-26**

Amount of Each Receipt this Period

192.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Paul A Sanford**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State Zip Code  
CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
VP Operating Effectiveness

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-7113-20-24**

Amount of Each Receipt this Period

192.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Frank Sataline**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 SVP Chief Investment Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-399-20-24**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Frank Sataline**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 SVP Chief Investment Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-398-20-26**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Frank Sataline**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 SVP Chief Investment Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-398-20-24**

Amount of Each Receipt this Period

120.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

360.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. David A Savino

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Compliance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 20160530-551-20-24

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David A Savino

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Compliance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : 20160613-549-20-26

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. David A Savino

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Compliance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : 20160627-549-20-24

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Frederick E Scardellette**

Mailing Address 1601 Chestnut St  
# 2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES, INC.

Occupation  
Provider Contracting Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-2523-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Frederick E Scardellette**

Mailing Address 1601 Chestnut St  
# 2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES, INC.

Occupation  
Provider Contracting Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-2524-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ann M Schaefer-Reid**

Mailing Address 900 Cottage Grove Rd

City Bloomfield State CT Zip Code 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation  
Segment Marketing Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-31393-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ann M Schaefer-Reid**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Segment Marketing Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-31252-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ann M Schaefer-Reid**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Segment Marketing Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-31179-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David S Scheibe**

Mailing Address 1601 Chestnut St  
 # 2

City

Philadelphia

State

PA

Zip Code

19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AMERICA

Occupation

Treasury Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-1230-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David S Scheibe**

Mailing Address 1601 Chestnut St  
# 2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
Treasury Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-1226-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David S Scheibe**

Mailing Address 1601 Chestnut St  
# 2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
Treasury Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-1226-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Kimberly D Shepard**

Mailing Address 5310 E High St

City Phoenix State AZ Zip Code 85054-5469

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation  
Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-8328-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kimberly D Shepard**

Mailing Address 5310 E High St

City

Phoenix

State

AZ

Zip Code

85054-5469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-8304-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kimberly D Shepard**

Mailing Address 5310 E High St

City

Phoenix

State

AZ

Zip Code

85054-5469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-8300-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rajesh S Shrestha**

Mailing Address 25500 N Norterra Dr  
Bldg B

City

Phoenix

State

AZ

Zip Code

85085-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-16655-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 241 OF 309

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rajesh S Shrestha

Mailing Address 25500 N Norterra Dr  
Bldg B

City State Zip Code  
Phoenix AZ 85085-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : 20160613-16605-20-26

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rajesh S Shrestha

Mailing Address 25500 N Norterra Dr  
Bldg B

City State Zip Code  
Phoenix AZ 85085-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : 20160627-16590-20-24

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kenneth R Silvay

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Accounting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

806.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : 20160530-904-20-24

Amount of Each Receipt this Period

62.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

112.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenneth R Silvay

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Accounting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

806.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : 20160613-902-20-26

Amount of Each Receipt this Period

62.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kenneth R Silvay

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Accounting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

806.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : 20160627-902-20-24

Amount of Each Receipt this Period

62.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marcus D Skipwith

Mailing Address 2 Chase Corporate Dr

City

Hoover

State

AL

Zip Code

35244-1016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

App Development Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : 20160530-30044-20-24

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

149.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Marcus D Skipwith**

Mailing Address 2 Chase Corporate Dr

City State Zip Code  
 Hoover AL 35244-1016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

App Development Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-29906-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Marcus D Skipwith**

Mailing Address 2 Chase Corporate Dr

City State Zip Code  
 Hoover AL 35244-1016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

App Development Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-29838-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Jay Smith**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Project Management Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-9122-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jay Smith**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State  
CT

Zip Code  
06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Project Management Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-9094-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jay Smith**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State  
CT

Zip Code  
06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Project Management Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-9089-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. William J Smith**

Mailing Address 1601 Chestnut St  
# 2

City  
Philadelphia

State  
PA

Zip Code  
19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AMERICA

Occupation

Business Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-6301-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William J Smith**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
Business Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : 20160613-6282-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William J Smith**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
Business Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 20160627-6283-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Raymond Smithberger**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : 20160530-9184-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Raymond Smithberger**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State Zip Code  
CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-9156-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Raymond Smithberger**

Mailing Address 900 Cottage Grove Rd

City  
Bloomfield

State Zip Code  
CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-9151-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Bill Sprague**

Mailing Address 1601 Chestnut St  
# 2

City  
Philadelphia

State Zip Code  
PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation  
IT Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-19877-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Bill Sprague**

Mailing Address 1601 Chestnut St  
# 2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

IT Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-19803-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Bill Sprague**

Mailing Address 1601 Chestnut St  
# 2

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

IT Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-19780-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. John M Staines**

Mailing Address 900 Cottage Grove Rd

City Bloomfield State CT Zip Code 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Human Resources Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-20692-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kenneth Stapleton**

Mailing Address 7555 Goodwin Rd

City

Chattanooga

State

TN

Zip Code

37421-3183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

HR Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.25

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-9262-20-24**

Amount of Each Receipt this Period

19.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kenneth Stapleton**

Mailing Address 7555 Goodwin Rd

City

Chattanooga

State

TN

Zip Code

37421-3183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

HR Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.25

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-9234-20-26**

Amount of Each Receipt this Period

19.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kenneth Stapleton**

Mailing Address 7555 Goodwin Rd

City

Chattanooga

State

TN

Zip Code

37421-3183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

HR Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.25

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-9229-20-24**

Amount of Each Receipt this Period

19.25

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.75



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Craig J Steel**

Mailing Address 89 Kemp Ave

City State Zip Code  
 Fair Haven NJ 07704-3531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Director-Sales Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-24333-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Craig J Steel**

Mailing Address 89 Kemp Ave

City State Zip Code  
 Fair Haven NJ 07704-3531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Director-Sales Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-24231-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Craig J Steel**

Mailing Address 89 Kemp Ave

City State Zip Code  
 Fair Haven NJ 07704-3531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Director-Sales Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-24191-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jennifer Stepp**

Mailing Address 4144 Central Ave

City

Indianapolis

State

IN

Zip Code

46205-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Account Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.44

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-3538-20-24**

Amount of Each Receipt this Period

15.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jennifer Stepp**

Mailing Address 4144 Central Ave

City

Indianapolis

State

IN

Zip Code

46205-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Account Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.44

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-3529-20-26**

Amount of Each Receipt this Period

16.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jennifer Stepp**

Mailing Address 4144 Central Ave

City

Indianapolis

State

IN

Zip Code

46205-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Account Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.44

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-3530-20-24**

Amount of Each Receipt this Period

17.31

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

49.04

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kari K Stevens**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Managing Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-21839-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kari K Stevens**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Managing Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-21753-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kari K Stevens**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Managing Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-21724-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gregory J Sullivan**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.09

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-9719-20-24**

Amount of Each Receipt this Period

26.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Gregory J Sullivan**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.09

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-9688-20-26**

Amount of Each Receipt this Period

26.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Gregory J Sullivan**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.09

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-9682-20-24**

Amount of Each Receipt this Period

26.93

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.79

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Shelly Swinford**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.57

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-3520-20-24**

Amount of Each Receipt this Period

22.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Shelly Swinford**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.57

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-3511-20-26**

Amount of Each Receipt this Period

22.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Shelly Swinford**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.57

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-3512-20-24**

Amount of Each Receipt this Period

22.07

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

66.21

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jan C Sykes**

Mailing Address 25500 N Norterra Dr  
Bldg B

City State Zip Code  
Phoenix AZ 85085-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cigna HEALTHCARE OF AZ, INC

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : 20160530-7425-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jan C Sykes**

Mailing Address 25500 N Norterra Dr  
Bldg B

City State Zip Code  
Phoenix AZ 85085-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cigna HEALTHCARE OF AZ, INC

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : 20160613-7406-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Jan C Sykes**

Mailing Address 25500 N Norterra Dr  
Bldg B

City State Zip Code  
Phoenix AZ 85085-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cigna HEALTHCARE OF AZ, INC

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 20160627-7403-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amy J Szable

Mailing Address 38901 Detroit Rd

City State Zip Code  
 Avon OH 44011-2160

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Business Comm Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 20160530-3362-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amy J Szable

Mailing Address 38901 Detroit Rd

City State Zip Code  
 Avon OH 44011-2160

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Business Comm Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : 20160613-3353-20-26

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Amy J Szable

Mailing Address 38901 Detroit Rd

City State Zip Code  
 Avon OH 44011-2160

FEC ID number of contributing federal political committee.

C

Name of Employer  
 CT GENERAL LIFE INSURANCE CO

Occupation  
 Business Comm Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : 20160627-3354-20-24

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Neil B Tanner**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : 20160530-16608-20-24**

Amount of Each Receipt this Period

115.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Neil B Tanner**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : 20160613-16558-20-26**

Amount of Each Receipt this Period

115.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Neil B Tanner**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 20160627-16543-20-24**

Amount of Each Receipt this Period

115.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

345.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Nick C Taylor**

Mailing Address 1205 Brittany Ln

City

Upper Arlington

State

OH

Zip Code

43220-4074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Pharmacy Senior Clinical Cons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-24345-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Nick C Taylor**

Mailing Address 1205 Brittany Ln

City

Upper Arlington

State

OH

Zip Code

43220-4074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Pharmacy Senior Clinical Cons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-24243-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Nick C Taylor**

Mailing Address 1205 Brittany Ln

City

Upper Arlington

State

OH

Zip Code

43220-4074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Pharmacy Senior Clinical Cons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-24203-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Terry W Terrill**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Human Resources Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-29222-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Terry W Terrill**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Human Resources Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-29090-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Terry W Terrill**

Mailing Address 530 Great Circle Rd

City

Nashville

State

TN

Zip Code

37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Human Resources Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-29021-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey E Tindall**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-9892-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jeffrey E Tindall**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-9861-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jeffrey E Tindall**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Government Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-9855-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rhonda L Toole**

Mailing Address 5556 Indigo Fields Blvd

City

North Charleston

State

SC

Zip Code

29418-2626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Client Account Support Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-3091-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Rhonda L Toole**

Mailing Address 5556 Indigo Fields Blvd

City

North Charleston

State

SC

Zip Code

29418-2626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Client Account Support Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-3082-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rhonda L Toole**

Mailing Address 5556 Indigo Fields Blvd

City

North Charleston

State

SC

Zip Code

29418-2626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Client Account Support Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-3083-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Rowena Track**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Digital Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-32242-20-24**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Rowena Track**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Digital Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-32094-20-26**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Rowena Track**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Digital Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-32017-20-24**

Amount of Each Receipt this Period

120.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

360.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael W Triplett**

Mailing Address 901 E Cary St

City

Richmond

State

VA

Zip Code

23219-4063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Regional Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-628-20-24**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael W Triplett**

Mailing Address 901 E Cary St

City

Richmond

State

VA

Zip Code

23219-4063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Regional Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-626-20-26**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael W Triplett**

Mailing Address 901 E Cary St

City

Richmond

State

VA

Zip Code

23219-4063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Regional Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-626-20-24**

Amount of Each Receipt this Period

125.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles Ugel

Mailing Address 29185 Valley Oak Pl

City State Zip Code  
 Santa Clarita CA 91390-4196

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : 20160530-3736-20-24

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Charles Ugel

Mailing Address 29185 Valley Oak Pl

City State Zip Code  
 Santa Clarita CA 91390-4196

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : 20160613-3727-20-26

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Charles Ugel

Mailing Address 29185 Valley Oak Pl

City State Zip Code  
 Santa Clarita CA 91390-4196

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : 20160627-3728-20-24

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michelle Vancura**

Mailing Address 35507 N Via Tramonto

City State Zip Code  
 Phoenix AZ 85086-5516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-23357-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michelle Vancura**

Mailing Address 35507 N Via Tramonto

City State Zip Code  
 Phoenix AZ 85086-5516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-23262-20-26**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michelle Vancura**

Mailing Address 35507 N Via Tramonto

City State Zip Code  
 Phoenix AZ 85086-5516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-23227-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alicia J Vaslow**

Mailing Address 818 Fairway Dr

City State Zip Code  
Towson MD 21286-7803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Benefits Strategy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : 20160530-28995-20-24**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Alicia J Vaslow**

Mailing Address 818 Fairway Dr

City State Zip Code  
Towson MD 21286-7803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Benefits Strategy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : 20160613-28865-20-26**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Alicia J Vaslow**

Mailing Address 818 Fairway Dr

City State Zip Code  
Towson MD 21286-7803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Benefits Strategy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 20160627-28797-20-24**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Julie A Vayer**

Mailing Address 1571 Sawgrass Corporate Pkwy

City State Zip Code  
 Sunrise FL 33323-2862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Cigna BEHAVIORAL HEALTH, INC.

Occupation  
 VP Total Health & Network Oper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-7073-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Julie A Vayer**

Mailing Address 1571 Sawgrass Corporate Pkwy

City State Zip Code  
 Sunrise FL 33323-2862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Cigna BEHAVIORAL HEALTH, INC.

Occupation  
 VP Total Health & Network Oper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-7055-20-26**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Julie A Vayer**

Mailing Address 1571 Sawgrass Corporate Pkwy

City State Zip Code  
 Sunrise FL 33323-2862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Cigna BEHAVIORAL HEALTH, INC.

Occupation  
 VP Total Health & Network Oper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-7054-20-24**

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jennifer L Velasquez**

Mailing Address 11401 SW 40th St

City

Miami

State

FL

Zip Code

33165-3372

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

App Development Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-30523-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jennifer L Velasquez**

Mailing Address 11401 SW 40th St

City

Miami

State

FL

Zip Code

33165-3372

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

App Development Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-30385-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jennifer L Velasquez**

Mailing Address 11401 SW 40th St

City

Miami

State

FL

Zip Code

33165-3372

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

App Development Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-30315-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Martha I Vinas**

Mailing Address 2701 N Rocky Point Dr

City	State	Zip Code
Tampa	FL	33607-5917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-19477-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Martha I Vinas**

Mailing Address 2701 N Rocky Point Dr

City	State	Zip Code
Tampa	FL	33607-5917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-19406-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Martha I Vinas**

Mailing Address 2701 N Rocky Point Dr

City	State	Zip Code
Tampa	FL	33607-5917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-19384-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 269 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Philip J Wasden**

Mailing Address 300 Big Bend Trl

City

Sugar Hill

State

GA

Zip Code

30518-5691

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA HEALTHCARE OF GA, INC.

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-4554-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Philip J Wasden**

Mailing Address 300 Big Bend Trl

City

Sugar Hill

State

GA

Zip Code

30518-5691

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA HEALTHCARE OF GA, INC.

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-4543-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Philip J Wasden**

Mailing Address 300 Big Bend Trl

City

Sugar Hill

State

GA

Zip Code

30518-5691

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA HEALTHCARE OF GA, INC.

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-4544-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 OF 309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eric E Wawrzon**

Mailing Address 530 Great Circle Rd

City  
Nashville

State Zip Code  
TN 37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Technical Support Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-30717-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Eric E Wawrzon**

Mailing Address 530 Great Circle Rd

City  
Nashville

State Zip Code  
TN 37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Technical Support Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-30578-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Eric E Wawrzon**

Mailing Address 530 Great Circle Rd

City  
Nashville

State Zip Code  
TN 37228-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Technical Support Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-30506-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 271 OF 309

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Peter B Welch**

Mailing Address 1 Front St

City	State	Zip Code
San Francisco	CA	94111-5325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE COOccupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-6872-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Peter B Welch**

Mailing Address 1 Front St

City	State	Zip Code
San Francisco	CA	94111-5325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE COOccupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-6853-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Peter B Welch**

Mailing Address 1 Front St

City	State	Zip Code
San Francisco	CA	94111-5325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE COOccupation  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-6853-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William M Welch**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Assoc Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : 20160530-20341-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William M Welch**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Assoc Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

**Transaction ID : 20160613-20265-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. William M Welch**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Assoc Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : 20160627-20240-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

150.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Peter L Westover**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Underwriting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-23820-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Peter L Westover**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Underwriting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-23722-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Peter L Westover**

Mailing Address 1601 Chestnut St  
# 2

City State Zip Code  
Philadelphia PA 19192-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Underwriting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-23685-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jennifer L Wheatley**

Mailing Address 8505 E Orchard Rd

City

Greenwood Village

State

CO

Zip Code

80111-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-14901-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jennifer L Wheatley**

Mailing Address 8505 E Orchard Rd

City

Greenwood Village

State

CO

Zip Code

80111-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-14858-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jennifer L Wheatley**

Mailing Address 8505 E Orchard Rd

City

Greenwood Village

State

CO

Zip Code

80111-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-14849-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christopher J. Whelan**

Mailing Address 1601 Chestnut St  
# TL18R

City Philadelphia State PA Zip Code 19192-0002

FEC ID number of contributing federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Provider Contracting Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-9560-20-24**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Reginald White**

Mailing Address 3500 Piedmont Rd NE

City Atlanta State GA Zip Code 30305-1507

FEC ID number of contributing federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Sales Director-Sales Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-10166-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Reginald White**

Mailing Address 3500 Piedmont Rd NE

City Atlanta State GA Zip Code 30305-1507

FEC ID number of contributing federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE CO

Occupation  
Sales Director-Sales Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-10133-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

140.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Reginald White**

Mailing Address 3500 Piedmont Rd NE

City	State	Zip Code
Atlanta	GA	30305-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Sales Director-Sales Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-10127-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Diane M Wilkosz**

Mailing Address 2701 N Rocky Point Dr

City	State	Zip Code
Tampa	FL	33607-5917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA HEALTHCARE OF FL, INC

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

962.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-1738-20-24**

Amount of Each Receipt this Period

74.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Diane M Wilkosz**

Mailing Address 2701 N Rocky Point Dr

City	State	Zip Code
Tampa	FL	33607-5917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA HEALTHCARE OF FL, INC

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

962.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-1734-20-26**

Amount of Each Receipt this Period

74.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

198.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Diane M Wilkosz**

Mailing Address 2701 N Rocky Point Dr

City

Tampa

State

FL

Zip Code

33607-5917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA HEALTHCARE OF FL, INC

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

962.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-1735-20-24**

Amount of Each Receipt this Period

74.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael Williams**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business IT Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-31295-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael Williams**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business IT Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-31154-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

174.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Williams**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Business IT Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-31082-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jenny R Wilson**

Mailing Address 401 Chestnut St

City

Chattanooga

State

TN

Zip Code

37402-4924

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Underwriting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-3200-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jenny R Wilson**

Mailing Address 401 Chestnut St

City

Chattanooga

State

TN

Zip Code

37402-4924

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Underwriting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-3191-20-26**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jenny R Wilson**

Mailing Address 401 Chestnut St

City

Chattanooga

State

TN

Zip Code

37402-4924

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Underwriting Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

**Transaction ID : 20160627-3192-20-24**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Daniel Wiss**

Mailing Address 231 S Bemiston Ave

City

Clayton

State

MO

Zip Code

63105-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Sales Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	6

**Transaction ID : 20160530-8197-20-24**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Daniel Wiss**

Mailing Address 231 S Bemiston Ave

City

Clayton

State

MO

Zip Code

63105-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Sales Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	6

**Transaction ID : 20160613-8176-20-26**

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

130.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Daniel Wiss**

Mailing Address 231 S Bemiston Ave

City  
Clayton

State  
MO

Zip Code  
63105-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-8172-20-24**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bradley A Wolfram**

Mailing Address 11200 Lakeline Blvd  
Ste 100

City  
Austin

State  
TX

Zip Code  
78717-0083

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1118.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-31188-20-24**

Amount of Each Receipt this Period

86.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bradley A Wolfram**

Mailing Address 11200 Lakeline Blvd  
Ste 100

City  
Austin

State  
TX

Zip Code  
78717-0083

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1118.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-31047-20-26**

Amount of Each Receipt this Period

86.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

212.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cigna Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Bradley A Wolfram**

Mailing Address 11200 Lakeline Blvd  
Ste 100

City State Zip Code  
Austin TX 78717-0083

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1118.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : 20160627-30973-20-24

Amount of Each Receipt this Period

86.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John M Wray**

Mailing Address 118 W 79th St

City State Zip Code  
New York NY 10024-6445

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Network Delivery Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : 20160530-21048-20-24

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John M Wray**

Mailing Address 118 W 79th St

City State Zip Code  
New York NY 10024-6445

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Network Delivery Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : 20160613-20966-20-26

Amount of Each Receipt this Period

175.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

436.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John M Wray**

Mailing Address 118 W 79th St

City

New York

State

NY

Zip Code

10024-6445

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Network Delivery Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2275.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-20939-20-24**

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bu Yang**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

IT Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-6832-20-24**

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bu Yang**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

IT Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-6813-20-26**

Amount of Each Receipt this Period

55.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

285.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bu Yang**

Mailing Address 900 Cottage Grove Rd

City  
BloomfieldState  
CTZip Code  
06002-2920FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE COOccupation  
IT Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-6813-20-24**

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John Yardley**

Mailing Address 9 Griffin Rd N

City  
WindsorState  
CTZip Code  
06095-1512FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cigna Corp.Occupation  
Technical Support Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-19702-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. John Yardley**

Mailing Address 9 Griffin Rd N

City  
WindsorState  
CTZip Code  
06095-1512FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cigna Corp.Occupation  
Technical Support Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-19629-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Yardley**

Mailing Address 9 Griffin Rd N

City Windsor State CT Zip Code 06095-1512

FEC ID number of contributing federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Technical Support Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-19607-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jeffrey Young**

Mailing Address 900 Cottage Grove Rd

City Bloomfield State CT Zip Code 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Informatics/Analytics Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-277-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jeffrey Young**

Mailing Address 900 Cottage Grove Rd

City Bloomfield State CT Zip Code 06002-2920

FEC ID number of contributing federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Informatics/Analytics Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-277-20-26**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 285 OF 309

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Young**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Informatics/Analytics Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-277-20-24**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David G Zach**

Mailing Address 9 Heritage Ln

City

Phoenixville

State

PA

Zip Code

19460-4607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Director-Sales Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-22894-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David G Zach**

Mailing Address 9 Heritage Ln

City

Phoenixville

State

PA

Zip Code

19460-4607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Director-Sales Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-22800-20-26**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

225.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David G Zach**

Mailing Address 9 Heritage Ln

City

Phoenixville

State

PA

Zip Code

19460-4607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

Sales Director-Sales Mgt

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 20160627-22766-20-24**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mark H Zammett**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Information Protection Dir

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 20160530-6198-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Mark H Zammett**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Information Protection Dir

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : 20160613-6179-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

140.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Mark H Zammett**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE CO

Occupation

Information Protection Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-6180-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Autumn M Zank**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-12827-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Autumn M Zank**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-12789-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 288 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Autumn M Zank**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corporation

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-12779-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. George Zaruba**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2002.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-21511-20-24**

Amount of Each Receipt this Period

154.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **c. George Zaruba**

Mailing Address 900 Cottage Grove Rd

City State Zip Code  
 Bloomfield CT 06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2002.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-21427-20-26**

Amount of Each Receipt this Period

154.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

328.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 289 OF 309

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. George Zaruba**

Mailing Address 900 Cottage Grove Rd

City

Bloomfield

State

CT

Zip Code

06002-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigna Corp.

Occupation

VP Information Technology

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2002.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : 20160627-21399-20-24**

Amount of Each Receipt this Period

154.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stephen C Zilberfarb**

Mailing Address 2701 N Rocky Point Dr

City

Tampa

State

FL

Zip Code

33607-5917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AMERICA

Occupation

Sales Director-Direct Sales

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 02 / 2016

**Transaction ID : 20160530-7260-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Stephen C Zilberfarb**

Mailing Address 2701 N Rocky Point Dr

City

Tampa

State

FL

Zip Code

33607-5917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AMERICA

Occupation

Sales Director-Direct Sales

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 20160613-7242-20-26**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

194.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 290 OF 309

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stephen C Zilberfarb**

Mailing Address 2701 N Rocky Point Dr

City State Zip Code  
Tampa FL 33607-5917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AMERICA

Occupation  
Sales Director-Direct Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 20160627-7240-20-24**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

20.00

50952.41

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bennet for Colorado**

Mailing Address PO Box 3078

City	State	Zip Code
Denver	CO	80201

Purpose of Disbursement  
2016 General

011

Candidate Name

**Michael F. Bennet**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : CCB57CB15DB3F528E13**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Blaine for Congress**

Mailing Address PO Box 98

City	State	Zip Code
St. Elizabeth	MO	65075

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**W. Blaine Luetkemeyer**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MO District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 706317E3EECE038CC97**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Carlos Curbelo Congress**

Mailing Address 8724 SW 72nd St

City	State	Zip Code
Miami	FL	33173-3512

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Carlos Luis Curbelo**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 110895C6A63F1615501**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 292 OF 309

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Common Values PAC**

Mailing Address 901 N Washington St, Suite 700

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
2016 Contribution

Candidate Name

**Common Values PAC**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : F26A02D990EAC4DC3DB**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Diana DeGette for Congress**

Mailing Address PO Box 61337

City	State	Zip Code
Denver	CO	80206-8337

Purpose of Disbursement  
2016 General

Candidate Name

**Diana L. DeGette**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : FBD345A70EE6C4AE812**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Erik Paulsen**Mailing Address PO Box 44369  
250 Prairie Center Drive

City	State	Zip Code
Eden Prairie	MN	55344

Purpose of Disbursement  
2016 Primary

Candidate Name

**Erik Paulsen**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 9C363BFB409ADA49B3C**

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 293 OF 309

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of John Thune**

Mailing Address PO Box 841

City	State	Zip Code
Sioux Falls	SD	57101

Purpose of Disbursement  
2016 General

011

Candidate Name

**John Randolph Thune**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 9EFB2BAFA1EBD36D044**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Johnson for Congress**

Mailing Address PO Box 906

City	State	Zip Code
Marietta	OH	45750

Purpose of Disbursement  
2016 General

011

Candidate Name

**William L. Johnson**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 7770B895671DAE8875E**

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kurt Schrader for Congress**

Mailing Address PO Box 3314

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement  
2016 General

011

Candidate Name

**Kurt Schrader**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 1602F4E6AE2E79765D9**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kyrsten Sinema for Congress**

Mailing Address PO Box 25879

City	State	Zip Code
Tempe	AZ	85285

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Kyrsten Sinema**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AZ District: 09

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

**Transaction ID : 128BD88B4BEE7FF6DF6**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Martin Heinrich for Senate**

Mailing Address PO Box 25763

City	State	Zip Code
Albuquerque	NM	87125

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Martin Heinrich**Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NM District:

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 6FB536817B4DEF73564**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. McConnell Senate Committee**

Mailing Address PO Box 1496

City	State	Zip Code
Louisville	KY	40201

Purpose of Disbursement  
2020 Primary

011

Candidate Name

**Mitch McConnell**Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: KY District:

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

**Transaction ID : 6AC7ED1D392E7266932**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Burgess for Congress**

Mailing Address PO Box 2334

City Denton	State TX	Zip Code 76202-2334
----------------	-------------	------------------------

Purpose of Disbursement  
2016 General

011

Candidate Name

**Michael Clifton Burgess**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 2CFA77C666E796DB5F3**

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Kelly for Congress**

Mailing Address PO Box 476

City Lyndora	State PA	Zip Code 16045
-----------------	-------------	-------------------

Purpose of Disbursement  
2016 General

011

Candidate Name

**G. Mike J. Kelly**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 53EA5CD2B8F4EE2ACC9**

Amount of Each Disbursement this Period

2000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Olson for Congress Committee**

Mailing Address PO Box 16381

City Sugar Land	State TX	Zip Code 77496-6381
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Purpose of Disbursement  
2016 General

011

Candidate Name

**Peter Graham Olson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

**Transaction ID : 17F804092BF9A11B92E**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 296 OF 309

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Perlmuter for Congress**Mailing Address 3440 Youngfield Street  
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement  
2016 Primary

Candidate Name

**Edwin George Perlmuter**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : BEA95837BE47D8E7881**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ryan Costello for Congress**

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381-3154

Purpose of Disbursement  
2016 General

Candidate Name

**Ryan A. Costello**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 934D1D07A98174743B7**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stabenow for US Senate**

Mailing Address PO Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement  
2018 Primary

Candidate Name

**Deborah Stabenow**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 065C0475E8CCE62D9E1**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 297 OF 309

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. The Eye of the Tiger Political Action Committee**

Mailing Address PO Box 2485

City  
SpringfieldState  
VAZip Code  
22152-0485Purpose of Disbursement  
2016 Contribution

Candidate Name

**The Eye of the Tiger Political Action Committee**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

**Transaction ID : BEB4D2E579228E6D34A**

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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37500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 298 OF 309

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Amy Mercado Campaign**

Mailing Address PO Box 141098

City	State	Zip Code
Orlando	FL	32814

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : EFE00A9E7F283B61323**

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens for Chris Nybo**

Mailing Address PO Box 915

City	State	Zip Code
Lombard	IL	60148

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : A6E9B2636BB71861C2D**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens for Christine Radogno**

Mailing Address 1011 State St, Ste 205

City	State	Zip Code
Lemont	IL	60439

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : C67E02835608D093EDF**

Amount of Each Disbursement this Period

1500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 299 OF 309

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Citizens for Durkin**

Mailing Address 16 W 281 83rd St, Suite D

City	State	Zip Code
Burr Ridge	IL	60527

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : F7F8CC68FAA026ED324**

Amount of Each Disbursement this Period

1500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens for Hammond**

Mailing Address PO Box 694

City	State	Zip Code
Macomb	IL	61455

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 8A99FEAF446ACDCF073**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens for John Cullerton for State Senate**

Mailing Address 1 N. LaSalle St., Suite 2065

City	State	Zip Code
Chicago	IL	60602

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 4239EA97D889565F71A**

Amount of Each Disbursement this Period

1500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 300 OF 309

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Citizens for Sara Feigenholtz**

Mailing Address 3023 N Clark St., Unit 785

City	State	Zip Code
Chicago	IL	60657

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 1DFF2EA0813DCA5AF6D**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee to Elect House Republicans**Mailing Address 75 South Main St  
Unit #7

City	State	Zip Code
Concord	NH	03301

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

**Transaction ID : CDD2D8592597A34CA71**

Amount of Each Disbursement this Period

250.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Sheri Jesiel**

Mailing Address PO Box 1107

City	State	Zip Code
Lake Villa	IL	60046

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 3E5BA9025E51F7EEFD3**

Amount of Each Disbursement this Period

500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1750.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Daniel Biss for State Senate**

Mailing Address PO Box 7026

City	State	Zip Code
Evanston	IL	60204

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 7934D9A6ED0B9FA0CF9**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Dave Syverson Campaign Committee**

Mailing Address 555 S Perryville Rd

City	State	Zip Code
Rockford	IL	61108

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 145BDC3B7CF1C8CBDA7**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David Simmons Campaign**

Mailing Address 332 N. Magnolia Avenue

City	State	Zip Code
Orlando	FL	32801

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : AC23215E2E0677055EE**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 302 OF 309

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Edwin Narain Campaign**

Mailing Address PO Box 4835

City	State	Zip Code
Tampa	FL	33677

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : C77CCDFC080EF1DDDE8**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Floridians for Economic Freedom**

Mailing Address 2055 NW Diamond Creek Way

City	State	Zip Code
Jensen Beach	FL	34947

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 98C4BD36E989114C30B**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends for Laura Fine for State Rep**

Mailing Address 1700 Constitution Dr

City	State	Zip Code
Glenview	IL	60026

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 6A145E660562BF19DA0**

Amount of Each Disbursement this Period

500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends for State Rep Anthony DeLuca**

Mailing Address 852 Mackler Dr

City	State	Zip Code
Chicago Heights	IL	60411

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : E21CD6777AC25689E07**

Amount of Each Disbursement this Period

500.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Bill Haine**

Mailing Address PO Box 67

City	State	Zip Code
Alton	IL	62002

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : A6C87C3A0DBE66E7317**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Dana Young**

Mailing Address 610 S. Boulevard

City	State	Zip Code
Tampa	FL	33606

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 3A112AEB18C083A6CAE**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 304 OF 309

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Heather Steans**

Mailing Address 50 E Washington St, Ste 400

City	State	Zip Code
Chicago	IL	60602

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 70E152A4EB06F791666**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Jason Brodeur, PC**

Mailing Address 120 S. Monroe Street

City	State	Zip Code
Tallahassee	FL	32301

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 31FBB0FBAC8E35D1594**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Michael J. Madigan**

Mailing Address PO Box 3188

City	State	Zip Code
Chicago	IL	60654

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 69B497641C16D418ECA**

Amount of Each Disbursement this Period

1500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Peter Breen**

Mailing Address PO Box 76

City	State	Zip Code
Lombard	IL	60148

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 32EF687DD966D31F10B**

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Robert 'Bob' Rita**

Mailing Address 2030 High St

City	State	Zip Code
Blue Island	IL	60406

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 3A99687C837247AEC A0**

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Sue Rezin**

Mailing Address PO Box 932

City	State	Zip Code
Morris	IL	60450

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 51146F21C87145C0F7C**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jason Michael Fischer Campaign**

Mailing Address 2630 Stonegate Drive

City	State	Zip Code
Jacksonville	FL	32223

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 364BEB6447B96737F06**

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jil Tracy for State Senate**

Mailing Address 1628 Fieldstone Dr

City	State	Zip Code
Quincy	IL	62305

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 5CF8DE87B41C307A5D8**

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jobs for Florida**

Mailing Address Post Office 2010

City	State	Zip Code
Dade City	FL	33526

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : F387562725E18E2D1A0**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lizbeth Benacquisto Campaign**

Mailing Address PO Box 60543

City	State	Zip Code
Fort Myers	FL	33906

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : CA8581B2611792B2DE2**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Manny Diaz Jr. Campaign**

Mailing Address 17642 NW 87 Place

City	State	Zip Code
Hialeah	FL	33018

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : 77F17AE5CF7A4929AF6**

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Miguel Diaz de la Portilla Campaign**

Mailing Address 1450 Brickell Avenue, 18th Floor

City	State	Zip Code
Miami	FL	33131

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : F6F710CCCC4564FDA36**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. NH Senate Democratic Caucus**

Mailing Address 105 North State Street

City	State	Zip Code
Concord	NH	03301

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

**Transaction ID : 506DD7A845E124BDE69**

Amount of Each Disbursement this Period

500.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Rene Garcia State Senate Campaign**

Mailing Address 217 E 63rd Street

City	State	Zip Code
Hialeah	FL	33013

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : 8A923CD03A34EFBC662**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Tom Leek Campaign**

Mailing Address 228 Royal Dunes Boulevard

City	State	Zip Code
Ormond Beach	FL	32176

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : B5BCB63C3CB49390AA7**

Amount of Each Disbursement this Period

500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Cigna Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Victor M. Torres Campaign**

Mailing Address PO Box 141098

City	State	Zip Code
Orlando	FL	32814

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : A8F8E967B017DD5ED77**

Amount of Each Disbursement this Period

500.00
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☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00
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35250.00
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